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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

707461

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JOHNSON CHAPEL OF LAUREL FLA INC.

Principal Place of Business Mailing Address 506 CHURCH STREET P.O. BOX 601 P.O. BOX 601 P.O. BOX 601 AUREL EL 44272 0000						reme memes medte fifte fifte	aran aldır ibbi
LAUREL FL 34272-0801		LAUREL FL 34272-060	LAUREL FL 34272-0601		3. Date Incorporated or Qualified 06/19/1964	3a. Date of Last 02/20/1	Report 995
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0093102	h +	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Required
City & State)	City & State			6. Election Campaign Financing	□ \$5.0	O May Be
Zip	Country	Zip	Country		Trust Fund Contribution	A006	d to Fees
ַה <u>- י</u>	25	29	30		8. This corporation has liability for in Florida Statutes	itangible tax under s.] Yes ื No	199.032,
	9. Name and Address of Curre		1001		10. Name and Address of New Re		
			81	Name			
BECKON	1, WILLIE J.		82	Stroot Add	ress (P.O. Box Number is Not Acceptable		
	Odingham Dr		02	Street Augi	less (F.O. box Number is not Acceptable	=)	
VENICE	FL 34292		83			· · · · · · · · · · · · · · · · · · ·	
			84	City		85 Zi	o Code
1 Dura cont t	a the provisions of Cartina C17 OFO	00 1 047 4500 Ft 1 0					
OF LEGISTER	eu agent, or both, in the state of Flor	nua. Such change was aumor	ized by the com-	named corpor oration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoi	lose of changing its r intment as registered	egistered offic Laneot II am
familiar wit	th, and accept the obligations of, Sec	ction 617.0503, Florida Statute	s.				agent. ran
IGNATURE _	Shrishira tunad or protect or area of combined ago	ot ood blind and and	orc 6				
	Signature, typed or printed name of registered ages OFFICERS AN		IOTE: Registered Ager	l signature required		DATE	NDC IN 10
2.		ND DIRECTORS	13.	l signature requirer	ri when reinstating: ADDITHONS/CHANGES TO OFFIC	CERS AND DIRECTO	
2.	OFFICERS AN		13. 1.1 TITLE	I signature required			
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SIGNATURE: Beatrice L. Beckom Beatrice S. Beckom 1/31/96 (941-48:1900)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/96 (941-48:1900)