FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

710362 DOCUMENT #
1. Corporation Name

(5)

Principal Place 33076 CEDONI DADE CITY FL	A ROAD	Mailing Address 33076 CEDONIA ROAD DADE CITY FL 33525								
DADE ON TE						3. Date Incorporated or Qualified 02/15/1966	3a. Date of La 03/27/	st Report]	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2364162	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 - 1	\$8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	1	
Zip 24	Country Zip		Coun	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Currer		1441			10. Name and Address of New Re]	
	V. 1101111 - 11011111 - 11011111			81	Name					
	s, margaret e Edonia road		-	82	Street Add	tress (P.O. Box Number is Not Acceptable)		-	
	TY FL 33525		ļ	B3						
					City		FL	Zip Code		
or register	to the provisions of Sections 617.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the co	ve-na orpoi	med corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing li ntment as registe	ts registered offici red agent. I am	*	
SIGNATURE _	Signature, typed or printed name of registered agen	ru and title if anniicable (NC	OTF: Registered /	Apent :	signature requir	ed when reinstating)	DATE		15	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12	CR2F037 (12/95)	
TITLE	V	DELETE	1.1 101	LE			☐ Chan	ge 🔲 Addition	15	
NAME	Messer, Rick		1.2 NA	ME	1				16	
STREET ADDRESS	33160 PATRICE RD.		1.3 STF	REET A	DDRESS				Ĭ	
CITY-ST-ZIP	DADE CITY FL		1.4 CIT	Y-ST	- ZIP				_ ģ	
TITLE	P	DELETE	2.1 TH	LE			Chan	ge Addition	۱۲	
NAME	BROWN, MARIANNE		2.2 NA	ME	ļ					
STREET ADDRESS	33107 MULBERRY RD.		2.3 ST	REET A	LODRESS					
CITY-ST-ZIP	DADE CITY, FL 00000		2. 4 CI		r-ZIP		Chan	ge Addition	\dashv	
TITLE	D CONTRACT	DELETE	3.1 TIT				☐ Chan	Ac Mannou		
NAME	KIPKER, GERTRUDE		3.2 NA							
STREET ADDRESS	3488 RIVERDALE DR. DADE CITY, FL 00000		•		ADDRESS					
CITY-ST-ZIP	DADE CITY, PL 00000	TDELETE	3.4. CI 4.1 TIT		I - ZIP		Chan	ge Addition	\dashv	
TITLE	SMITH, WILLIAM		4.1 III						Ì	
NAME	33138 CEDLEY RD.		1		ADDRESS				1	
STREET ADDRESS	DADE CITY FL			TY-ST	i					
CITY-ST-ZIP TITLE	ST	DELETE	5.1 (1)		<u> </u>		☐ Char	ige Addition	\dashv	
NAMÉ	RICHTERS, MARGARET		5.2 NA							
STREET ADDRESS	33076 CEDONIA RD				ADDRESS					
1	DADE CITY, FL 00000			TY-ST			_			
CITY-ST-ZIP TITLE	D	DELETE	6.1 TI		7	2	Char	nge 🔀 Addition		
NAME	BECKER, GEORGE	•	6.2 NA	AME	L	ANDEL, LAUKN.	Dh			
STREET ADDRESS	33142 HICKORY RD.		6.3 ST	TREET	ADDRESS 3	33 132 HICKORY	η.υ 			
CITY-ST-ZIP	DADE CITY FL			ITY-\$1	I-ZIP	ANDEL, LAURN 33 132 HICKORY DANG CITY, FL 3	3525		_	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: MARG ARET E PROHITERS Magast E. Richter 4/15/96