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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

9. Name and Address of Current Registered Agent HARRINGTON, ANN 627 APPLE AVE, MV LAKE PLACID FL 33852 11. Purguent to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the object registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change was authorized by the object of registered agent, or both, in the State of Florids. Such change is a state of Florids. In the State of Florids States. In the State appears of Florids is a state of Florids. In the State appears of Florids Florids. In the State appears of Florids. In the State appears of Florids. In the State appears of Florids Florids. In the State appears of Florids. In the State appears of Florids Florids. In the State appears of Florids. In the State appears of Florids Florids. In the State appears of Florids Florids. In the						1		
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627 APPLE AVE, MW LAKE PLACID FL 33852 11. Pursuant to the provisions of Sections 617 DSD2 and 617 1508, Routed Statutes, the above ranear corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the opporation's abornts this statement for the purpose of changing its registered office ranisar with, and accept the deligations of, Section (17.0503, Florida Statutes). SIGNATURE STATE STATE OF THE STATE OF TH	HADDIN	CTOM ANN		Pa	tsv d	tamm		
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11. Purguant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the oproporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida. Such change was authorized by the oproporation's board of directors. I hereby accept the appointment as registered agent. I employee agent, or both, in the State of Horida. Such change was authorized by the oproporation's board of directors. I hereby accept the appointment as registered agent. I employee				B3 7 5	5 Y O	. We spington Blv. N. W	<i>,</i>	
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BARBER, MELVIA 264 CUMQUAT ROAD NE City-st-zip LAKE PLACID FL 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and chass not qualify for the exemption stated in Section 110 07000 Florid Stated In Section 110 07	TITLE	S	[ADELETE		-		- Channe	- Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the everytion stated in Section 119 07(200) Florido States 1.6. Place P	NAME	BARBER, MELVIA	E secen		Wyn	elle Conley	[▼] change	Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the everytion stated in Section 119 07(200) Florido States 1.6. Place P	STREET ADDRESS	•			411	Park Ave.	u.	34.14
14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(200). Florido Ctal. 40. 16. 11.	CITY-ST-ZIP	LAKE PLACID FL		RACITY ST. 7IP	Lake	Plant F4 33862		(TA*
	14. I do hereb	y certify that the information supplied w the information indicated on this annua	rith this filing is voluntarily furni	shed and does not go	ualify for the	e everyntion stated in Section 110 076	3)(k), Florida Statute	es. 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: Patey Stamm Patey Stamm

4/10/86 94/-699-0193
Daytime Phone #