## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



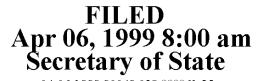
FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 715924**

Principal Place of Business	Mailing Address
108 BRAVADO LANE	108 BRAVADO LANE
PALM BEACH SHORES FL 33404	PALM BEACH SHORES FL 33404
US	US



04-06-1999 90049 038 \*\*\*\*61.25

	108 BRAVADO LANE 108 BRAVADO LANE 108 BRAVADO LANE PALM BEACH SHORES FL 33404 US									
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 01/22/1969		-		
21		26				4. FEI Number	l An	olied For		
Suite, Apt.	,	Suite, Apt. #, etc.				23-7347638		Applicable		
22		City & State		·	· · · · · ·	_	\$8.75 A			
City & State	e	28				5. Certificate of Status Desired	Fee Re			
23 Zip	Country	Zip	Coul	ntrv		6. Election Campaign Financing	\$5.00	May Bo		
24	25	29	30			Trust Fund Contribution	Added to	- 1		
24	9. Name and Address of Current		100	Г		10. Name and Address of New Registered A	gent			
	·			81	Name					
OH 1 H 1 1 1 1 1	, proof 5				01 11 4 4 4	(D.O. Bou New Lovie Mat Accordable)				
	), BESSIE F			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
108 BRAV				83		,				
PALM REA	ACH SHORES FL 33404			Ш			T T ==			
				84	City	FL	85 Zip C	ode		
11. Pursuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)		Agen	nt signature required	d when reinstating) DATE		55 (1) 40		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD 2.	☐ DELETE	1.1 ₹∏	ILE.			Change	Addition		
NAME	MOORE, WESLEY		1.2 NA	WE				1		
STREET ADDRESS	1882 LINDSEY COURT		1.3 ST	REET	F ADDRESS			1		
CITY-ST-ZIP	WELLINGTON FL		1.4 CIT	TY-ST	T-ZIP					
TITLE	VD .	☐ DELETE	2.1 TIT	ΓLE			Change	Addition		
NAME	PIETIG, GENEVIEVE		2.2 NA	ME						
STREET ADDRESS	220 LAKE DR.	_ 4	1 1		ADDRESS		3.			
CITY-ST-ZIP	PALM BCH SHORES FL		2.4 CI	πŶ-S	T ZIP			<u> </u>		
TITLE	SD	☐ DELETE	DELETE 3.1 π				☐ Change	☐ Addition		
NAME	GILLILAND, BESSIE F		3.2 NAME					ļ		
STREET ADDRESS	108 BRAVADO LANE	-	3.3 STREE		TADDRESS			İ		
CITY-ST-ZIP	PALM BEACH SHORES FL				ST-ZIP					
TILE	D.	☐ DELETE	4.1 111	ΓLE			Change	Addition (		
NAME	HILKER, BRUCE		4.2 N	AME						
STREET ADDRESS	108 BRAVADO LANE		4.3 ST		T ADDRESS					
CITY-ST-ZIP	PALM BEACH FL 33404		4.4 CI	TY-ST	T-ZIP					
TITLE	TD	☐ DELETE	5.1 TIT				Change	☐ Addition		
NAME '	GILLILAND, BESIE F		5.2 NA			·				
STREET ADDRESS	10 BRAVADO LANE	•	5.3 ST	REET	TADDRESS					
CITY-ST-ZIP	PALM BEACH SHORES FL		5.4 CF		T-ZIP					
TITLE	D	☐ DELETE	6.1 TT	n.E			☐ Change	☐ Addition		
NAME	PERKINS, ROWLAND		6.2 NA	AME						
STREET ADDRESS			6.3 ST	REET	TADDRESS					
	DAYTON OU		6.4 CT	TY-SI	T-21P					

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

Bessie F. Gilliland. Sec Treas

April 1. 1999 (561) 842–7429

(561) 842–7429