FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 718623 (2)

1. Corporation Name
DEFENDERS OF CROOKED LAKE, INC.

Principal Place of Business	Mailing Address
849 SEMINOLE AVE. BABSON PARK FL 33827	PO BOX 191 BABSON PARK FL 33827 US

3. Date Incorporated or Qualified: 06/03/1970	3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2522730	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 1240 Seminole Rd.,	26: POBox 191
22 Suite, Apt. #, etc.: Babson Park Florida	27 Suite, Apt. #, etc.
23 City & State: 33827	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRAZIER, RICHARD
524 SUNSHINE DR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: DAVID HAIN
82 Street Address (P.O. Box Number is Not Acceptable): 1240 Seminole Road
83
84 City: Babson Park FL 85 Zip Code: 33827

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: David Hain, P.D. — 2/7/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	P.D.	☐ Change ☐ Addition
NAME	ROSE, ROGER		1.2 NAME	DAVID HAIN	
STREET ADDRESS	922 MANGHAM RD.		1.3 STREET ADDRESS	1240 Seminole Road	
CITY-ST-ZIP	BABSON PARK FL		1.4 CITY-ST-ZIP	Babson Park, FL 33827	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKEEMAN, PATTY		2.2 NAME		
STREET ADDRESS	211 CATHERINE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, RICHARD		3.2 NAME		
STREET ADDRESS	524 SUNSHINE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do 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: David A. Hain — 2/7/96 — 638-1257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #