FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED Jul 01 1997 8:00am Secretary of State

1. Corporation Name FRI LAK	HENNAL ONVE E WONTH ASK	en of EAGLE IE # 3694	INC		
Principal Place of Busi	noss	Mailing Address			
	KE WONTH RD	SAME			
PU BEX 66 HAKE WA	47 unt Pl 35461			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of B	usiness	2a. Mailing Address		4. FEI Number 5/-0/93 468	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Ziρ	Country	Zip	Country	8. This corporation has liability for it	
24 O No	me and Address of Current	29 Registered Agent	[30]	Florida Statutes L. 10. Name and Address of New Reg	Yes No
		ricgiototo Agent	81 Name	7	
Millet	L, BB		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	HR. TR.
24)c	LAKE OSRONN	& DR		575 S. 13 TH CT	
			83	LANTANA FI 3	3462
LACE	WORTH P13	5 X 61	84 City	7.77.77.077	85 Zip Code
11 Pursuant to the ov	rylsions of Sections 617 0502	and 617 1508 Florida Stat	utes the above-named o	orporation submits this statement for the p	urnose of changing its registered
office or registered	agent, or both, in the State or with and accept ne obligati	f Florida Such change was	s authorized by the corpo	ration's board of directors. I hereby accep	t the appointment as registered
-	With and acceptane obligati	ons or, section on a coss, i	riorda Statutes.	5	197
SIGNATURE Signaluro, I	ped or sinter name of registered agent	and title if applicable. (No	OTE Registored Agent signature re	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	mi. 44 th	☐ DELETE	1.1 TITLE	T	Change Addition
	TIN MILLING		1.2 NAME	FAGO BELDENOCK	
	7 HORINGST	1 32.11.	1.3 STREET ADDRESS	6469 SEMINOLE DR LANTANA FI 33468	1
TITLE VO	- PAM Bat F	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	1 1 2 2 4 6 6 T	Change
NAME JA	UE RUDDELL ,		2 2 NAME	ROGER HOLD (HILD)	_ one go nonter
STREET ADDRESS 271	r1 2712 AUE #	39	23 STREET ADDRESS	910 DRGW 8T	
CITY-ST-ZIP LAK	E WORTH P1 3.	2461	2 4 C/TY+ST-ZIP	LANTANA FI 334	62
TITLE 7		DELETE	3 1 TITLE	<u> </u>	Change Addition
NAME 30	B WRIGHT		3.2 NAME _ 7 -	Transce Library	
STREET ADDRESS 101	LISA LN		3.3 STREET ADDRESS	TGSONGE WILSON 1159 MENGO DR WOST PAIM BEH	
CITY-ST-ZIP LAK	E WORTH PY	32464	3.4. CITY-ST-ZIP	WOST PAIM BOH	P1 33415
TITLE SEC		☐ DELETE	4.1 TITLE		Change Addition
NAME ED	BAHK		4. 2 NAME		
STREET ADDRESS \$15	BAHN. - & 13 CHOT, VMALA FI 3	21/19	4 3 STREET ADDRESS		
CITY-ST-ZIP	UTANA FI 3	DELETE DELETE	4.4 CITY - \$1 - ZIP		Change Addition
TITLE		☐ precie	5.1 TITLE		C enange C Availton
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		187 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		107/1
TITLE		DELETE	61 TITLE		Change
NAME		_	6 2 NAME	addodsss	<u> </u>
STREET ADDRESS			6 3 STREET ADDRESS	80000222 -07/02/970100	U1UU5
CITY-ST-ZIP			6 4 CITY - ST - ZIP	###D1.∠3	
14. I do hereby certify	that the information supplied	with this filing does not qua	alify for the exemption sta	ted 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR