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

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

THE CAPITAL, ROOM 1602

TALLAHSSEE FL

CITY-ST-ZIP TITLE NAME

23 Zip 24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

736668

(5)

FILED Mar 04 1998 8:00am Secretary of State

US  4. FEI Number 51-0197090   Appli 51-0197090   Not 7 51-0197090   Saltie	ed For pplicable litlonal ired
TALLAHASSEE FL 32303  TALLAHASSEE FL 32303	pplicable litiona! ired / Be
2. Principal Place of Business  2. Malling Address  2. Example 1  2. Principal Place of Business  2. Malling Address  3. Certificate of Status Desired Status Desired Fee Requester 1  3. Sulte, Apt. #, etc.  3. Sulte, Apt. #, etc.  3. Sulte, Apt. #, etc.  3. Election Campaign Financing Trust Fund Contribution Added to Fee Requester 2  3. City & State  3. City & State  3. Country Trust Fund Contribution Presented as a second to the current year Intensection Presented Property Tax due June 30. Yes No  4. Name Address of Current Registered Agent  4. Name  4. KNAB, KRISTINE E.  2. 2119 DELTA BLVD TALLAHASSEE FL 32303  4. Street Address (P.O. Box Number is Not Acceptable)  4. City FL 85 Zip Country 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 rediging its rediging the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	pplicable litiona! ired / Be
2. Principal Place of Business 28. Malling Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & State City & State Zip Country Zip Zip Country Zip Zip Country Zip Added to Fersonal Property Tax due June 30. Yes Interest Agent  Name  KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  EXAMBLE RESIDENCE City & City & City Address of Status Suite, Apt. #, etc.  City & State City & State This corporation owes or has paid the current year Intented Personal Property Tax due June 30. Yes Intented Agent  Street Address of New Registered Agent  10. Name and Address of New Registered Agent  KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  83  Extreet Address (P.O. Box Number is Not Acceptable)  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 roffice 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	red / Be
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  27  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sulte, Apt. #, etc.  Response of Country  Sup  Substance  Personal Property Tax due June 30. Yes Intervent Agent  Name  KNAB, KRISTINE E.  2119 DELTA BLVD  TALLAHASSEE FL 32303  RAME  This corporation owes or has paid the current year Intent Personal Property Tax due June 30. Yes Intervent Agent  Street Address (P.O. Box Number is Not Acceptable)  Tallahassee FL 32303  RAME  The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its refigiered 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
Zip Country Zip Country B. This corporation owes or has paid the current year Intan Personal Property Tax due June 30. Yes 1 Personal Property Tax due June 30. Yes 1 Name and Address of Current Registered Agent  KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  84 City FL 85 Zip Co	
24 25 29 30 Personal Property Tax due June 30. Yes 1  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  84 City  FL 85 Zip Co  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 roffice 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
RNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Zip Co  86 Tip Co  87 The 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 rounding of the corporation of Sections 617.0502 and 617.0503, Florida Statutes.	eldli lo
KNAB, KRISTINE E. 2119 DELTA BLVD TALLAHASSEE FL 32303  82 Street Address (P.O. Box Number is Not Acceptable)  83	
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SIGNATURE Stronghire, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE	igistered istered
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	N 12
	Addition
NAME JONES, DAVID 12 NAME	
STREET ADDRESS 91 AVENUE C CITY-ST-ZIP 1.3 STREET ADDRESS 163 AVENUE B 14 CITY-ST-ZIP	
TITLE STD DELETE 21 TITLE V/D	Addition
NAME CUMMINGS, CAROLYN STREET ADDRESS 1020 EAST LAFAYETTE STREET, #205 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP         TALLAHASSEE FL         2.4 CITY-ST-ZIP           TITLE         PD         L. DELETE         3.1 TITLE         D         X. Change	Addition
NAME LANNON, CATHERINE 32 NAME	

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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

S/T/D

LARRY SCOTT

TALLAHASSEE

2639 N MONROE ST #207-c

FL 32303

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

CICNATUDE.

DAVID JONES

DELETE

DELETE

DELETE

2/18/98 850-653-9524

Addition

■ Addition

Addition

Change

Change

Change