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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

746253

(4)

THE BRANCHES, INC.

Principal Place of Business Mailing Address				······································	E 1881H IDDII DIDID DAID PROOF DIRED I	/// 3/8// 3/9// 8/9// 8	
7210 BOICE ST ORLANDO FL 32809		7210 BOICE ST ORLANDO FL 32809-6363					
					3. Date Incorporated or Qualified 03/14/1979	3a. Date of L 01/24	ast Report I/1996
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2966292		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	e	City & State	• • • • • • • • • • • • • • • • • • • •		Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zıp	Country	/	8. This corporation has liability for in		·
24	25		ю			Yes No	
	9. Name and Address of Curre	nt Registered Agent	81	Nama	10. Name and Address of New Reg	istered Agent	
			61	Name			
TURNAGE,ROY B 138 N LANCELOT			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	OO FL 32805		83				
			64	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	the abov	i e-named co	rporation submits this statement for the pr	urpose of chang	ing its registered
office or r	registered agent, or both, in the State of the obline the obline in the	e of Florida. Such change was au nations of Section 617 0503. Flori	thorized b	y the corpora	ation's board of directors. I hereby accep	t the appointme	nt as registered
SIGNATURE	an identification of the conference of the confe	junerio en escuent en lecco, i la li		-,			
SIGNATURE	Signature, typed or printed name of registered ag			ent signature req	ulred when reinstating)	DATE	
12.	Julius	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD BOY B	☐ DELETE	1.1 TATLE			L Cha	ange L Addition
NAME	TURNAGE, ROY B		1,2 NAME				•
STREET ADDRESS	136 N LANCELOT			ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL SD	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		☐ Ch	ange Addition
NAME	HAIRE, JAME E		2.2 NAME	į			ange riconio
STREET ADDRESS	945 CAREW AVENUE			T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-				
TITLE	TD TD	DELETE	3.1 TITLE	31-211		Cha	ange
NAME	IRBY, STEVE D		3.2 NAME				
STREET ADDRESS	7210 BOICE ST		3.3 STREE	T ADDRESS	·		:
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP			
TITLE	VD	☐ DELETE	4.1 TITLE			Chi	ange 🔲 Addition
NAME	POOLE, WILLIAM T		4. 2 NAME				
STREET ADDRESS	777 LANCASTER RD #36B		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDÓ FL	····	4.4 CITY-:	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			□ Ch	ange L_] Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-	ST-ZIP		Ch Ch	ange L Addition
TITLE		M DECEIE	6.1 TITLE			L.,J (18	en fil working
NAME DEDECT ADDRESS			6.2 NAME	T 40000500			
STREET ADDRESS				T ADDRESS			
City-st-zip 14. I do here	L by certify that the information supplie	ed with this filing does not qualify	for the ex-	emption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify	that the
information	on indicated on this annual report or	supplemental annual report is true the receiver or trustee empower	e and acc red to exe	urate and th	at my signature shall have the same lega out as required by Chapter 617, Florida S	l effect as if mad	de under oath: th