


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754547 (8)
1. Corporation Name
PRIDE IN ACTION, INC.



Principal Place of Business 109 E. HOWARD STREET P.O. BOX 818 LIVE OAK FL 32060	Mailing Address 109 E. HOWARD STREET P.O. BOX 818 LIVE OAK FL 32060-0818
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3. Date Incorporated or Qualified 10/08/1980	3a. Date of Last Report 02/19/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2037306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEIBFRIED, KEITH C
804 S OHIO AVE
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARVARD, LEE	
STREET ADDRESS	109 E. HOWARD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRAPPS, DANIEL	
STREET ADDRESS	120 E. HOWARD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALVITT, DICK	
STREET ADDRESS	RIXFORD ROAD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEIBFRIED, KEITH	
STREET ADDRESS	326 WESTMORELAND	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, MIKE	
STREET ADDRESS	111 E. HOWARD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAPPS, JAMES	
STREET ADDRESS	11TH STREET	
CITY-ST-ZIP	LIVE OAK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 only in attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (9/96)