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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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ł	Corporation CHURCH	Name OF THE ANNUNCIATION	, INC.					
Pri	ncipal Place	e of Business	Mailing Address		 -			
4408 GULF DRIVE P.O.BOX 978 HOLMES BCH FL 34217 ANNA MARIA FL 34216								
2	Oringing Di	ace of Business	2a. Mailing Address			Date Ir corporated or Qualifed		
-	тиногра т	ace of Eustricus	26			11/03/1981		
21	Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22			27			59-2346886	Not	Applicable
	City & State	е	City & State		•	5. Certifcate of Status Desired	\$8.75 A	
23			28			3. Certificate of Status 2004/00	Fee Rec	uired
\vdash	Zip	Country	Zip	Country 30	4	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
24		9. Name and Address of Curre	_ _	30		10. Name and Address of New Register		1 000
		or Hame and Addition of Carry	- Nogiototo a Algorit	81	Name			
١.	DOLLOL AC	C ANNE COLLEGE ED		90	Street	t Ac dress (P.O. Box Number is Not Acceptable)		
		s, anne scheffler Rview blvd west		82	Stree	it At dress (P.O. Box Number is Not Acceptable)		
		ON FL 34205		83	1			
'	DIVADEITI	DIA 1 L 34203		84	City		. 85 Zip C	nde
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Ì	Pursuant f office or re agent. I ar	to the provisions of Sections 617.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 617.1508, Florida Statute e cf Florida. Such change was au gations of, Section 617.0503, Flori	s, the abov thorized by da Statute	re-namer the corps.	d corporation submits this statement for the purpose poretion's board of directors. I hereby accept the ap	e of changing its i pointment as reg	egistered Istered
		Signature, typed or printed name of registered a	<u> </u>	Registered Age	ent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS		
12.							LUD DUDEOTOI	IC INLAD
			AND DIRECTORS	13.				
TITL	E	D	AND DIRECTORS AND DELETE	1.1 TITLE		D	AND DIRECTOI	IS IN 12
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6.4 CITY-ST-ZIP HOLMES BEACH FL CITY-ST-ZIP 14. I herety 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 indicat ad 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS 5400 GULF DR #22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

Charlotte Long

(941) 778-1638 Daytime Phone #