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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

765713

(3)

**FILED** May 20 1997 8:00am Secretary of State

Principa! Pla	CE OF Business TER ROAD, BLDG, W	Mailing Address 2025 SYLVESTER RC	DAD RIDG W								
LAKELAND FL		LAKELAND FL 33803									
							3. Date Incorporated or Qualified 11/09/1982	<b>3a</b> . D	ate of La: 06/13/	st Report 1996	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied F			or	
21		26					59-2364917 Not App				
Suite Apt. #, etc. Suite, Ap. 27			spt. #, etc.			İ	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State							6. Election Campaign Financing	\$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees				
Zip Country		Zip Cou					8. This corporation has liability for			er s. 199.00	32,
24 25		29 30					Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	ut negistered Agent		81	Name		10. Name and Address of New He	gisteret.	Agent		
ICAUZIAI	SON, MARY JANE			•							
			82 Street Add			ss (P.O. Box Number is Not Acceptate	ole)				
1	YLVESTER RD C-3 IND FL 33803			83	·						
L CAUCIA	MD 1 C 33003		ſ		l <u></u>						
				84	City .			FL	85 2	tip Code	
11. Pursuan	to the provisions of Sections 617.050	02 and 617.1508, Florida	Statutes, the al	DOVE	-named	corpo	ration submits this statement for the p	ourpose o	f changir	g its regist	tered
office or	I to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change	was authorized	d by	the corp	ooratio	n's board of directors. I hereby accep	ot the app	oointmen	as registe	red
1		gations of, obotion off to	oo, Honda didi	4100	•						1
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable.	(NOTE Registered	J Age	nt signature	required	when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	CERS AN	D DIREC	ORS IN 12	<u> </u>
TITLE	D	☐ DELE	TE 1.1 TI	ſLE					☐ Chan	ge 🗌 Aı	ddition
NAME	DISTEL, DON		1.2 NA	. 1.2 NAME							15
STREET ADDRESS		1.3		1.3 STREET ADDRESS							[
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CI		T - ZIP						{
TITLE	TD	— ·		2.1 TALE					L Chan	ge ∐ Ai	ddition   C
NAM:	JENKINSON, MARY JANE		I	2.2 NAME							ľ
STREET ADDRESS					2.3 STREET ADDRESS						ļ
CITY - ST - ZIP	LAKELAND FL			2 4 CITY - ST - ZIP		<b> </b> -			Chan	17.6	delition
11ftF	D STADMED DAREDT	—·		31 TITLE 3.2 NAME					Chan	ñe [□] H	ddition
NAME DAGGE LAB GREEN	STARNER, ROBERT 2025 SYLVESTER RD. C-5		1		I Debesas						-
STREET ADORESS	LAKELAND FL				ADDRESS		1				
TITLE	SD SD	DELE			ST-ZIP	<del> </del>		<u> </u>	Chan	ge T Ai	dition
NAME	THORNE, ROBERT	_ >	4. 2 N								
STREET ADDRESS	ASSE SULUESTED DO GA		1		ADDR£SS						}
CITY-S1-ZIP	LAKELAND FL		4.3 St						_		
THLE	PD	☐ DELE			·	Di	rector		Chan	ge 🔲 Ai	dition
NAME	KOCH, GREGORY		5.2 NA	ME			, -				
STREET ADDRESS	2025 SYLVESTER ROAD, AP	T. D-4	5.3 \$1	REET	ADDRESS		· ·				
CITY-ST-ZIP	LAKELAND FL		5.4 CI	TY-S	T-ZIP						
TITLE		DELE	TE 6.1 TI	TLE				*****	Chan	ge 🗌 Ai	ddition
NAME	1		6.2 NA	ME							- (
STREET ADDRESS	.		6.3 ST	REET	ADDRESS						
CITY-SI-ZIP			6.4 CI	TY-S	T-21P	<u> </u>					

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 on an attachment with an address.