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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 854946

(1)

Suite, Apt. #	AVE N 37203	Mailing Address 3401 W END AVE \$610 NASHVILLE TN 37203)		I BIBIT BIBIT ID a i	
S610 NASHVILLE TN US 2. Principal Plac 11 Suite, Apt. #	N 37203	S610 NASHVILLE TN 37203							
NASHVILLE TN US 2. Principal Place 11 Suite, Apt. #		S610 NASHVILLE TN 37203			‡				
2. Principal Place 11 Suite, Apt. #									
Suite, Apt. #	ice of Business	US 2. Principal Place of Business 2a. Mailing Address 25			3. Date Incorporated or Qualifie	ed 3a . D	3a. Date of Last Report 03/28/1995		
Suite, Apt. #	ice of Business				12/13/1982	0			
Suite, Apt. #					4. FEI Number		Applied For		
22					62-0905471		Not Applicable		
<u> </u>	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ſX	\$8.75 Additional		
City & State		City & State			6 5 1 1 1 1			Required	
3		26		 Election Campaign Financing Trust Fund Contribution 	, 🗅	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	try	8. This corporation has liability	or intanoible t			
4	25	29	30		Florida Statutes	Yes 🖸		. 100.002,	
	9. Name and Address of Current	Registered Agent		NAT ::	10. Name and Address of Ner	v Registered	Agent		
WALLED	DOLAND D			B1 Name	•				
WALLER, ROLAND D. 301 WEST MAIN ST NEW PORT RICHEY FL 33552			Ī	82 Street Address (P.O. Box Number is Not Acceptable)					
			la la	83					
11217 1 01	THORETTE GOODE								
			-	34 City		FI	85 Z	ip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 617.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Section	and 617.1508, Florida Statuti a. Such change was authoriz	es, the abov ed by the co	e-named o	corporation submits this statement for the s board of directors. I hereby accept the a	purpose of ch ppointment as	anging its i registered	registered office d agent. I am	
SIGNATURE	i, and accept the obligations of, Section	i 1617.0003, Florida Statutes	·.						
S	Signature, typed or printed name of registered agent a	nd title if applicable (NC	TE: Registered A	gent signature	required when reinstaling)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/GHANGES TO C	FICERS AND	DIRECTO	DRS IN 12	
TITLE	PD Thomas, wade G.	DELETE	1.1 TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS	6581 SUNNYSIDE COURT		1.2 NAN						
CITY-ST-ZIP	BRENTWOOD TN			EET ADDRESS					
TITLE	VD	DELETE	2 1 THTL	'-ST-ZIP E	S/D		Change	Addition	
NAME	JORDAN, WILLIAM E.		2 2 NAN		Jordan, William E.	-	L J Onlinge	- Madillon	
STREET ADDRESS	806 QUAIL VALLEY DR			EET ADDRESS	806 Quail Valley Dr.				
CITY-ST-ZIP	BRENTWOOD TN		2 4 0 (1	Y-ST-ZIP	Brentwood, TN 37027				
TITLE	SD	DELETE	3 1 TITL	E	D		Change	Addition	
NAME	THOMAS, JANETT A.		3 2 NAN	ΙE	Thomas, Janett A.				
STREET ADDRESS	6581 SUNNYSIDE COURT BRENTWOOD TN			EET ADORESS	6581 Sunnyside Court				
CITY-ST-ZIP TITLE	TV	DELETE		Y-ST-ZIP	Brentwood, TN 37027				
NAME	BILLINGS, PAUL B.		41 TITL		V/D		Change	☐ Addition	
STREET ADDRESS	1113 TWIN SPRINGS DRIVE		4. 2 NAM		Billings, Paul B.				
CITY-ST-ZIP	BRENTWOOD TN			-ST-ZIP	1113 Twin Springs Dr	rve			
TITLE	D	DELETE	5.1 THTL		Brentwood, TN 37027		Change	Addition	
NAME	SIMPSON, MITCHELL D.		5.2 NAM	E	Simpson, Mitchell D.	-			
STREET ADDRESS	4341 OAKCREST LANE		5 3 STRI	ET ADDRESS	4341 Oakcrest Lane				
CITY-ST-ZIP	HERMITAGE TN		5.4 CITY	-ST-ZIP	Hermitage, TN 37076				
TITLE	,	DELETE	6 1 TITL	E			Cnange	Addition	
NAME			6.2 NAM	Έ					
STREET ADORESS			6.3 STRE	ET ADDRESS					
			6 4 CITY	- ST - 7/P					
CITY-ST-ZIP	certify that the information supplied	th this filing is valuatorily from	chool cod -	200 001 0	alify for the exemption stated in Section 1 courate and that my signature shall have t	0.07/0:0:	11 6: :		

SIGNATURE:

TURE AND TYPED DR NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 Date 615-383-0607

Daytime Phone #

CR2E037 (12/