US

2a. Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name F.G.H.A., INC.

TALLAHASSEE FL 32303

2. Principal Place of Business

DOCUMENT # N31111



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90040 039 ****61.25

3. Date Incorporated or Qualifed

03/10/1989

Principal Place of Business	Mailing Address	
C/O ABE SCHESTOPOL 2004 FOREST GLEN COURT	P O BOX 3848 Tallahassee Fl 32315	
TALLAUACCEE EL 22202	110	: 1

21		26				03/1	U/1989 ·				
Suite, Apt.	. #. etc.	 	pt. #, etc.			4. FEI N			Ap	plied For	
22	., .	27			-	- 59-3	129194		No	t Applicable	
City & State City & State									\$8.75 A	Additional	
23		28				5. Certife	cate of Status Desired		Fee Re	quired	
Zip	Country	Zip		Country		6. Electi	on Campaign Financing		\$5.00	May Be	
24	25 29 30					Trust	Fund Contribution		Added to		
	9. Name and Address of Currer	nt Registered Ag	ent			10. Name	and Address of New	Registered	Agent		
				81	Name						
SCHESTOPOL, ABE 2004 FOREST GLEN COURT TALLAHASSEE FL 32303				100	82 Street Address (P.O. Box Number is Not Acceptable) 83						
				82							
				83							
IALLADA	33EE FL 32303			L							
				84	City			FŁ	85 Zip C	Code	
		1047 4500	First Order	4			it. this statement for the		changing its	rogistored	
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State)2 and 617.1508, of Florida. Such⊤	Florida Statutes, change was auth	ine above orized by	r-named co the corpora	ation's board of	directors. I hereby acce	ept the appo	intment as re	gistered	
agent. I a	am familiar with, and accept the obliga	ations of, Section	617.0503, Florida	a Statutes							
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re	gistered Agen	t signature requ	uired when reinstating		DATE			
12.	OFFICERS AN	ND DIRECTORS		13.			IONS/CHANGES TO O	FFICERS A		RS IN 12	
MLE	PD		DELETE	1.1 TITLE		PO			Change	Addition	
NAME	JAHODA, PAT		`	1.2 NAME	1	ンタイノロシ	10L, UC		•		
STREET ADORESS	ANA FORFOT OF THE OT			1.3 STREET	ADDRESS	2015 FO	DN, JON REST GLE	TO U			
CITY-ST-ZIP	TALLAHASSEE FL 32303			1.4 CITY-ST			HASSE, FL		ለ3		
TITLE	TD		DELETE	2.1 TITLE		r D	111 000		Change	Addition	
	SCHESTOPOL, ABE	,	_	2.2 NAME	c	SCHFSK	OPOL, ABE		_		
NAME	AND A FOREOT OF THE OT			2.3 STREET			OREST GLE				
STREET ADDRESS	TALLAHASSEE FL 32303				ADURESS		OKEST GAR	-N C L	78 00 5		
CITY-ST-ZIP			DELETE	2.4 CITY-S	T-ZIP	FRY P 14	HASSEE	- <u> - > 0</u>	_ 	Addition	
TITLE	SD	./	PORTEIR	3.1 TITLE			RS. JOAN		Contango	<u> </u>	
NAME	DAVIDSON, JON			3.2 NAME				-	•		
STREET ADDRESS				3.3 STREET			DREST FLE				
CITY-ST-ZIP	TALLAHASSEE FL 32303			3.4. CITY-S	T-ZIP	HELLALE	assee, El	<u> 3230</u>	<u> </u>	6-X 4.00	
TITLE			☐ DELETE	4.1 TITLE	- 1	VĎ	•		Change	Addition	
NAME]			4.2 NAME	F	RODY, I	HARRY				
STREET ADDRESS				4.3 STREET	ADDRESS 7	2022 170	DREST GLE HASSEE,	NCT			
CiTY-ST-ZIP				4.4 CITY-S	r-ZIP	CALLE	HASSEE.	FL 3	2005		
TITLE			☐ DELETE	5.1 TITLE		-			Change	☐ Addition	
NAME	1			5.2 NAME	{						
STREET ADDRESS				5.3 STREET	ADORESS						
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP						
TITLE			☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME				6.2 NAME							

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED