FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPA

T OF STATE

Secreta DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(8)

	EBURG UNITED METHOD	Mailing Address						
Principal Place of Business 3925 MAIN STREET MIDDLEBURG FL 32088		3925 MAIN STREET MIDDLEBURG FL 32068-5	149					
					3. Date incorporated or Qualifit 06/14/1989	3a. Date of La 02/14		
Principal Place of Business 1		28. Mailing Address 28			4. FEI Number 59-1320369	Applied For Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required			
City & State		City & State		6. Election Campaign Financin Trust Fund Contribution				
Zip	Country	Zip	Count	ry	8. This corporation has liability			
24	25	29	30		Florida Statutes	Yes X No		
	9. Name and Address of Curr				10. Name and Address of Nev	Registered Agent		
			8	1 Name	John L'omnko			
SHIELD.	EDWARD L		8	2 Stroot /	John L'empke	inteble)		
1542 SURBEY CLEN COVE			١	1 300007	Address (P.O. Box Number is Not Acce 1810 Gopher Circle	μασιοί		
MIDD EBURG FL 32088			8	3	M PO			
4			<u> </u>		<u> </u>	las I	Zin Onda	
			8	4 City	Middleburg	FL 65	32068	
11, Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Stat	utes, the abo	ve-named	corporation submits this statement for t	he purpose of chang	ing its registered	
office or r	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was Jugations of Section 617,0503. I	s authorized I Florida Statut	by the corp es	oration's board of directors. I hereby a	ccept the appointmen	nt as registered	
	50 E	10-	10,100 0,0101		2-10	-97	•	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE Registered A	gent eignature	required when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AND DIREC	CTORS IN 12	
THILE	PD	DELETE	1,1 TITLE		PD	Cha	ange X Addition	
NAME	SHIELD, EDWARD L		1,2 NAM	E	L'empke, John			
STREET ADDRESS	ADDRESS 1542 SUNREY GLEN COVE		1.3 STRE	ET ADDRESS	4810 Gopher Circle	!		
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY	-ST-ZIP	Middleburg, FL' 32	068		
TITLE	XX D DELETE		2.1 TITLE		VD	☐ Cha	ange 💢 Addition	
NAME	BREWER, DENVER		2.2 NAM	E	Dyal, Herman			
STREET ADDRESS	[,		2.3 STREET ADDRESS		873 Arthur Moore Drive			
CITY-ST-ZIP	MIDDLEBURG FL		2. 4 CITY	-ST-ZIP	Green Cove Springs			
TITLE	SD	☐ DELETE	3.1 TITLE		D	Cha	ange X Addition	
NAME	ROPIAK, ELLEN		3.2 NAM	ε	Lyda, Suzanne			
STREET ADDRESS			3.3 STRE	ET ADDRESS		3627 Southern Pines Drive		
CITY-ST-ZIP	MIDDLEBURG FL		3.4. C/TY	-ST-ZIP		068		
TITLE	D	▼ DELETE	4.1 TITLE	·	,, , , , , , , , , , , , , , , , , , ,	☐ Cha	ange Addition	
NAME	WHITE, EARL		4, 2 NAN	IE				
STREET ADDRESS	2065 CORNE; RD		4.3 STRE	ET ADDRESS				
CiTY-ST-ZIP	MIDDLEBURG FL		4.4 CITY	- ST-ZIP				
TITLE	D					☐ Cha	ange Addition	
NAME	WHITE, EARL		5.2 NAM	E				
STREET ADDRESS	2065 CORNEL RD		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		54 CITY	- ST- ZIP			·	
TITLE	D	DELETE	6.1 TITLI			☐ Cha	ange Addition	
NAME	MCLENDON, SCOTT		6.2 NAM	E				
STREET ADDRESS	1696 EAGLES NOST LANE		6.3 STRE	ET ADDRESS				
CITY OF 71D	MIDDLERI IRG EI		E 4 CITY	CT 2ID				

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 an attachment with an address.

SIGNATURE:

904-282-5589 Daytime Phone • 000064

FILED

Feb 19 1997 8:00am

Secretary of State