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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N35295

(7)

ALLEN ATTE	AALINTU	AANAERT	DANID	INIA
CHARLOTTE	LIMINIY	CONGERT	BAND.	INU.

OTHE	OTTE GOORTT GORDENT								
Principal Place	of Business	Mailing Address				- 	<u> </u>		INDIA MINIA HUNA
2542 RIO LISBO COURT 2542 RIO LIS		C/O BERGER. SIDNEY. E 2542 RIO LISBO COURT PUNTA GORDA FL 33950							
						3. Date Incorporated or Qualified 11/16/1989	3a. Date of 1	Last Re 14/19	
2. Principal Pla 21	ice of Business	2a. Mailing Address	•••			4. FEI Number 65-0246735			oplied For ot Applicable
Suite, Apt. #	t. etc.	Suite, Apt. #, etc.			+		\$E		Additional
22	¬ •••••					5. Certificate of Status Desired		Fee Ro	equired
City & State		City & State				6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution		\dded	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for		iers. 1	99.032,
24	25	29	30			Florida Statutes 10. Name and Address of New F	Yes Mo		
	9. Name and Address of Curren	t Hegistered Agent		B1 Na	me	IV. Name and Address of New I	egistered Agen	<u> </u>	
	R, SIDNEY E			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	ile)		
	O LISBO COURT		}	83					
PUNTA	GORDA FL 33950		Ĺ						11-4-
			[84 Cit	/		FL 85	Zip	Code
11 Purcuant t	o the provisions of Sections 617,0502	and 617 1508. Florida Statutes	the abo	<u> </u>	d corpora	ation submits this statement for the pu	roose of changing	its re	gistered office
or register	ed agent, or both, in the State of Florid	ta. Such chance was authorized	by the c	orporation	on's board	d of directors. I hereby accept the app	ointment as régis	tered a	igent. I am
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Fiorida Statules.							
SIGNATURE _	Signature, typied or printed name of registered agent	and title if applicable (NO18	Registered	Agent signa	ture required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTOF	
TITLE	PD	DELETE	1.1 TO	'LE			Ըռ	ange	☐ Addition
NAMÉ	Berger, Sidney e		1 2 NA	ME					
STREET ADDRESS	2542 RIO LISBO COURT		1.3 \$7	REET ADDR	ESS				
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CI	TY-ST-ZIP					
TIFLE	VD	DELETE	2.1 TI	ΓLE			☐ Ch	ange	Addition
NAME	elgin, lester		2 2 N/	ME					
STREET ADDRESS	22 OAKLAND HILLS AVE.		1	REET ADDR					
CITY - ST - ZIP	ROTONDA FL	FIREFEE		ITY-ST-ZIF			☐ Ch	2000	Addition
TITEE	SD SATURAL SATA	DELETE	3 1 TI					anyc	C) AMUIDII
NAME (CONKLIN, SARA		32 N/		acre				
STREET ADDRESS	147 POINSETTA CIRCLE			REET ADDR					
CITY-S!-ZIP	PORT CHARLOTTE FL	DELETE	3 4. C	ITY - ST - ZIF FLE			Cr	iange	Addition
TITLE	TD Mock, Peggy		4 2 N		ļ			•	_
NAME CIDILI ADDRESS	21292 COACHMAN AVENUE			FREET ADDE	iess				
STREET ADDRESS	PORT CHARLOTTE FL		. I	ITY-ST-ZIP					
COY-S1-ZIP	D PONT CHARLOTTE TE	DELETE	5.1 7				☐ CF	nange	Addition
NAME	NEW, PHYLLIS	_	5.2 N	AME					
STREET ADDRESS	25188 MARION AVENUE, F4	09	1	TREET ADD	RESS				
CITY-ST-ZIP	PUNTA GORDA FL	= -		(TY-ST-ZIF					
TITLE	D	DELETE	611				□ CI	nange	Addition
NAME	VERDUIN, ELWOOD		62 N	AMÉ	ĺ				
STREET ADDRESS	1492 AQUI ESTA		6.3 S	TREET ADD	RESS				
CITY-ST-ZIP	PUNTA GORDA FL		6.4 0	ITY - ST - ZIF	<u>, </u>				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 SIGNATURE:

Jan 16, 1996 941-637-8176