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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37402

(7)

DIVER RANCH CHARFLEING

FILED Jan 29 1997 8:00am Secretary of State

Literia	TIAROTT OTIALE, INO.					
Principal Plac	e of Business	Mailing Address				
P.O. BOX 3012 RIVER RANCH		P.O. BOX 30122 RIVER RANCH FL 33867-0122				_,
					3. Date Incorporated or Qualified 04/01/1990 3a. Date of Last Report 01/29/1996	l
_	lace of Business	2a. Mailing Address			4. FEI Number Applied For S9-3009891 Not Applied For	1
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					Not Applicable \$8.75 Additional	4
22 27					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	1
23		28			Trust Fund Contribution	4
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	ı
24	9. Name and Address of Current	29 30 t Registered Agent	<u>'l</u>		Florida Statutes Yes LATIO 10. Name and Address of New Registered Agent	┨
			81	Name	it a mer	1
WILLIAMS, RAYMOND T.				Street Addre	L/A M E. HOBGE lress (P.O. Box Number is Not Acceptable)	-
24700 HWY 60 EAST				2470	OO HWY GO EAST	
LOT 95			83	B3 Lot 92		
LAKE W	ALES FL 33853		84	City	ER RANCH FL 85 Zig Code 7]
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	the above-r			$\frac{1}{1}$
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	William E. How	ese				
12.	Signature, typed or printed name of registered ager OFFICERS AND		egistered Agent :	signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	بر إ
TITLE	TCD	DELETE	11 TITLE	Тс	CTR Change Addition	غ ة
NAME	BAILEY, FLORENCE P.	_	1.2 NAME	lu	VILLIAM E. HODGE	1
STREET ADDRESS	5937 OAKMONT DR.		1.3 STREET AD	DRESS 24	4700 HWY GO E LOT 92	8
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY - ST - 2	ZIP 7 7	WARIE J. HOLGE Change MACHION	ŝ
TITLE	TD	☐ DELETE	2.1 TITLE	TV	MARIE J. HOLGE Change Chaddillon	١
NAME	HUFF, BOB 24700 HWY 60 E LOT 81		2.2 NAME		24700 HWY GO E LOT 92	
STREET ADDRESS CITY-ST-ZIP	RIVER RANCH FL	_	2.3 STREET AD 2. 4 CITY - ST -	DURESS	RIVER RANCH, FL. 33867	
TITLE	TST	DELETE	3.1 TITLE	ZIF	Change Addition	1
NAME	WILLIAMS, RAYMOND	 -	3.2 NAME)	_ • _	ì
STREET ADDRESS	24700 HWY 60 E LOT 95		3.3 STREET AD	DRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY - ST-	ZIP		4
TITLE	T PENNETT ALIOS B	DELETE	4.1 TITLE		☐ Change ☐ Addition	1
NAME	BENNETT, ALICE B		4. 2 NAME			
STREET ADDRESS	24700 HWY 60 E LOT # 259 RIVER RANCH FL		4.3 STREET AD 4.4 CITY-ST-7			
CITY-ST-ZIP TITLE	147EH TOUTOTT LE	☐ DELETE	5.1 TITLE	<u> </u>	Change Addition	┨
NAME		_	5.2 NAME	}	_	
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		ţ	6.2 NAME	\		
STREET ADDRESS			6.3 STREET AD			
CITY-ST-ZIP		Luciale along filling plans and graphs of	6.4 CITY-ST-2	zir j	die Castier 440 07/0V/V Flande Otek das 14 diese auf die des	4

I do hereby certify that the information supplied with this filling 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.