FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:23

DOCUMENT # N49840 (4)

1. Corporation Name
ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, IN C.

Principal Place of Business	Mailing Address
52 E MAIN ST APOPKA FL 32703	52 E MAIN ST APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1992
3a. Date of Last Report: 01/20/1994
4. FEI Number 59-2974070 ☐ Applied For ☐ Not Applicable
NOT APPLICABLE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRAIGHT, DOT
620 MONTROSE ST
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCELWEE, TERESA	1.2 NAME	
STREET ADDRESS	1703 S CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BATES, NORMAN O'SHAY	2.2 NAME	
STREET ADDRESS	2800 N.W. 9TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
	CLARK, TERRY F.	3.2 NAME	
	[illegible] PAGE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~MILLER, PEGGY~~	4.2 NAME	Keck, Al
STREET ADDRESS	~~403 COBY DRIVE~~	4.3 STREET ADDRESS	5430 Easton Pointe Way
CITY-ST-ZIP	~~ORANGE PARK FL~~	4.4 CITY-ST-ZIP	Tallahassee, FL 32311-1406
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JULIA MAE	5.2 NAME	
STREET ADDRESS	3140 N.W. 19TH STREET,	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, JANET	6.2 NAME	
STREET ADDRESS	2080 N.W. 47TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERHILL FL	6.4 CITY-ST-ZIP	

14. I do 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)(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.

SIGNATURE: Sr. Teresa Mc Elwee - President 1/29/96 407-889-0140
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone Number

0002000