

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49840** (4)

1. Corporation Name

**ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, INC.**



Principal Place of Business

Mailing Address

52 E MAIN ST  
APOPKA FL 32703

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APOPKA FL 32703

3. Date Incorporated or Qualified  
**07/13/1992**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**59-2974070**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STRAIGHT, DOT  
620 MONTROSE ST  
GROVELAND FL 34736**

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: PD  DELETE  
NAME: MCELWEE, TERESA  
STREET ADDRESS: 1703 S CENTRAL AVE  
CITY-ST-ZIP: APOPKA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: VD  DELETE  
NAME: BATES, NORMAN O'SHAY  
STREET ADDRESS: 2800 N.W. 9TH CT.  
CITY-ST-ZIP: POMPANO BCH. FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: TD  DELETE  
NAME: CLARK, TERRY F.  
STREET ADDRESS: 24507 #1 PAUL STREET  
CITY-ST-ZIP: SORRENTO FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: SD  DELETE  
NAME: KECK, AL  
STREET ADDRESS: 5430 EASTON POINTE WAY  
CITY-ST-ZIP: TALLAHASSEE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: D  DELETE  
NAME: BROWN, JULIA MAE  
STREET ADDRESS: 3140 N.W. 19TH STREET  
CITY-ST-ZIP: FT. LAUDERDALE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE: D  DELETE  
NAME: HANSEN, JANET  
STREET ADDRESS: 2080 N.W. 47TH AVE.  
CITY-ST-ZIP: FT. LAUDERHILL FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*D Barhorst, Jim  
2901 Oak Park Circle  
DAVIS, FL 32228*

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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*A. Teresa McElwee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/96*  
Date  
*889-0120*  
Daytime Phone #

CR2E037 (12/95)