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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 32703-5256

3. Date incorporated or Qualified 07/13/1992 3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2974070 Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

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

24 25 29 30

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 MCELWEE, TERESA DELETED
NAME
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 BATES, NORMAN O'SHAY DELETED
NAME
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 CLARK, TERRY F. DELETED
NAME
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 KECK, AL DELETED
NAME
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 BROWN, JULIA MAE DELETED
NAME
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 BARHORST, VIM DELETED
NAME
STREET ADDRESS 2901 OAK PARK CIRCLE
CITY-ST-ZIP DAVIE FL

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

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 on an attachment with an address.

SIGNATURE: S. Teresa McElwée, Pres 1-27-97 407-889-0100

CF2E037 (9/96)