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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49840 (4)
1. Corporation Name
ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, INC.



Principal Place of Business 52 E MAIN ST APOPKA FL 32703	Mailing Address 52 E MAIN ST APOPKA FL 32703
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3. Date Incorporated or Qualified 07/13/1992	
4. FEI Number 59-2974070	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1409 Sistrunk Blvd Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, Fl. Zip 24 33311	2a. Mailing Address 26 1409 Sistrunk Blvd. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, Fl. Zip 29 33311 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STRAIGHT, DOT
620 MONTROSE ST
GROVELAND FL 34738**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MD MCELWEE, TERESA
STREET ADDRESS	1703 S CENTRAL AVE
CITY-ST-ZIP	APOPKA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD BATES, NORMAN O'SHAY
STREET ADDRESS	2800 N.W. 9TH CT.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD CLARK, TERRY F.
STREET ADDRESS	24507-11 PAUL STREET
CITY-ST-ZIP	SORRENTO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD KECK, AL
STREET ADDRESS	5400 EASTON POINTE WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	BROWN, JULIA MAE
STREET ADDRESS	3140 N.W. 19TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	BARHORST, VIM
STREET ADDRESS	2901 OAK PARK CIRCLE
CITY-ST-ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D MCELWEE, TERESA
1.3 STREET ADDRESS	1703 S CENTRAL AVE
1.4 CITY-ST-ZIP	APOPKA, FL. 32712
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Anna Hart
2.3 STREET ADDRESS	12800 NE 6th Ave
2.4 CITY-ST-ZIP	Miami, Fl. 33161
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Willis, Angela
3.3 STREET ADDRESS	52 E Main St.
3.4 CITY-ST-ZIP	Apopka, Fl. 32703
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Walker, Sue
4.3 STREET ADDRESS	6960 Catlett Rd.
4.4 CITY-ST-ZIP	St. Augustine, Fl. 32095
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Herbits, Linda
5.3 STREET ADDRESS	330 Greenwood Dr.
5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33405
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD Barhorst, Jim
6.3 STREET ADDRESS	2901 Oak Park Cir.
6.4 CITY-ST-ZIP	Davie, Fl. 33328

14. I 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.

February 10, 1998 954-765-4273
James Barhorst, President

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012492

CR2E037 (10/97)