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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49840

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

Principal Place of Business 1409 SISTRUNK BLVD. FT. LAUDERDALE FL 33311 US	Mailing Address 1409 SISTRUNK BLVD. FT. LAUDERDALE FL 33311 US
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2. Principal Place of Business 21 900 Bellevue Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 900 Bellevue Ave Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/13/1992
22 City & State Daytona Beach, FL.	27 City & State Daytona Beach, FL.	4. FEI Number 59-2974070 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 Zip 32114-5108	28 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 32114-5108	25 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
29 32114-5108	30 USA	

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 Ray Salazar 82 Street Address (P.O. Box Number is Not Acceptable) 900 Bellevue Ave. 83 84 City Daytona Beach FL 85 Zip Code 32114
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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 *Raymond Salazar* 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCELWEE, TERESA 1703 S CENTRAL AVE APOPKA FL 32712 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Wettlaufer, Nancy 5335 Calle Florida Sarasota, FL. 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANNA HART 12800 NE 6TH AVE. MIAMI FL 33161 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, ANGELA 52 E. MAIN ST. APOPKA FL 32703 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD SALAZAR, Ray 900 Bellevue Ave. Daytona Beach, FL. 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, SUE 6960 CATLETT RD. ST. AUGUSTINE FL 32095 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULIA MAE 3140 N.W. 19TH STREET FT. LAUDERDALE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARHORST, JIM 2901 OAK PARK CIRCLE DAVIE FL 33328 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Raymond Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 255-7323

CR2E037 (11/98)