

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002608 (8)
 1. Corporation Name

MOMS OF TIERRA VERDE, INC.

FILED

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SECRETARY OF STATE



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*******61.25 *****61.25**

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **04/26/1995**

4. FEI Number **59-3191979** 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

Principal Place of Business **6416 9TH ST N ST PETERSBURG FL 33702**
 Mailing Address **C/O CHARLES HINTON 6416 9 ST N ST PETERSBURG FL 33715 US**

2. Principal Place of Business
 21. P.O. Box 58203
 22. Suite, Apt. #, etc.
 23. City & State **Tierra Verde, FL**
 24. Zip **33715**
 25. Country **America**
 26. Mailing Address
 27. P.O. Box 58203
 28. City & State **Tierra Verde, FL**
 29. Zip **33715**
 30. Country **America**

9. Name and Address of Current Registered Agent
**HINTON, CHARLES D
 6416 9TH ST N
 ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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 **Debbie Bedinghaus** (NOTE: Registered Agent signature required when reinstating) DATE **7-2-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	BEDINGHAUS, DEBBIE	1.2 NAME	O'Bryan, Jeanine
STREET ADDRESS	627 DESOTO DRIVE	1.3 STREET ADDRESS	637 Pinellas Bayway #210
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	DV	2.1 TITLE	DT
NAME	PLUMMER, TAMMY	2.2 NAME	Burrows, Laura
STREET ADDRESS	388-1ST STREET W	2.3 STREET ADDRESS	631 Desoto Dr.
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	DT	3.1 TITLE	DC
NAME	FELMAN, MARLENE	3.2 NAME	Bedinghaus, Debbie
STREET ADDRESS	635 7TH AVENUE NORTH	3.3 STREET ADDRESS	627-Desoto Dr.
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: **Debbie Bedinghaus** DATE: **7-2-96** DAYTIME PHONE #: **813-866-3911**

CR2E037 (3/96)