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Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002608 (8)
1. Corporation Name
MOMS OF TIERRA VERDE, INC.



Principal Place of Business P.O. BOX 58203 TIERRA VERDE FL 33715	Mailing Address P.O. BOX 58203 TIERRA VERDE FL 33715-8203
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3. Date Incorporated or Qualified 06/03/1993	3a. Date of Last Report 08/26/1996
4. FEI Number 59-3191979	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	O'BRYAN, JEANINE	
STREET ADDRESS	637 PINELLAS BAYWAY, #210	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BURROWS, LAURA	
STREET ADDRESS	631 DESOTO DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DV	<input checked="" type="checkbox"/> DELETE ignore
NAME	BEDINGHAUS, DEBBIE	
STREET ADDRESS	627 DESOTO DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP Rieth, Karyn
1.3 STREET ADDRESS	674 Ponce De Leon Drive
1.4 CITY-ST-ZIP	Tierra Verde, FL 33715
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DST Linnea Helalal, Linnea
2.3 STREET ADDRESS	658 Ponce De Leon Drive
2.4 CITY-ST-ZIP	Tierra Verde, FL 33715
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Bedinghaus, Debbie
3.3 STREET ADDRESS	627 DeSoto Dr.
3.4 CITY-ST-ZIP	Tierra Verde, FL 33715
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000002220230--3
4.3 STREET ADDRESS	-06/23/97--01130--020
4.4 CITY-ST-ZIP	*****61.25 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Karyn Rieth* DATE *6/20/97*

CR2E037 (9/96)