SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400002164 (1)

		iurçh inc						
Principal Place of Business Malling Address								
14 STUMPFIELD ROAD PENSACOLA FL 32503 PENSACOLA FL 32503						Date Incorporated or Qualified 05/02/1994 FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
-	Dringing E	Dinos of Business	2a Mallian Address			59-3183463		Not Applicable
-	2. Principal Place of Business		2a. Mailing Address	26. Mailing Address		Certificate of Status Desired		.75 Additional
Ë	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing		.00 May Be
22	22		27	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		Ided to Fees
23	City & State		City & State	├ ¬ '		Is this nonprofit corporation a l	homeowners asso	ciation?
	Zip	Country	Zip	Country	8.	This corporation owes or has p	paid the cu <u>rre</u> nt ye	ar intangible
24	<u> </u>	25	29	30		Personal Property Tax due Jui		
-		9. Name and Address of C	urrent Registered Agent	81 Na		Name and Address of New F	Registered Agent	
	MOODAN	DANED OD						
MCGRAW, ROGER SR 5015 SKYLARK				82 Street Addre		O. Box Number is Not Accepte	able)	
PENSACOLA FL 32505				83	83			
PENSACULA PL 32903				24				
				84 Cit			FI 85	Zip Code
4.	Burning	to the proviology of sections C17	0500 C47 4500 Florida Otalia					·
	I. Pursuant to office or reagent. I as	to the provisions of sections 617. egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of register	0502 and 617.1508, Florida Statutes tate of Florida. Such change was a bligations of, section 617.0503, Flor ed agent and title if applicable. (Ni					ts registered as registered
S 12	GNATURE	Signature, typed or printed name of register		s, the above-name of the color	nature required when		pose of changing the appointment a	
12 TII	IGNATURE LE	Signature, typed or printed name of register OFFICER	ed agent and title if applicable. (Ne	OTE: Registered Agent sl	nature required when	reinstating)	pose of changing I the appointment a DATE FICERS AND DIR	
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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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change Addition

FILED

Jul 09 1998 8:00am

Secretary of State