

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004206 (8)

1. Corporation Name

ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, IN C.



Principal Place of Business

Mailing Address

5840 NORTH ORANGE BLOSSOM TRAIL
STE. 273
ORLANDO FL 32810

5840 NORTH ORANGE BLOSSOM TRAIL
STE. 273
ORLANDO FL 32810

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
07/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **3665 E. BAY DRIVE**

26 **3665 E. BAY DRIVE**

4. FEI Number
65-0532241

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 204-169**

27 **SUITE 204-169**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **LARGO, FL**

28 **LARGO, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34641**

25 **USA**

29 **34640**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALSH, JOHN W
3326 MARY STREET STE. 301
COCONUT GROVE FL 33133**

81 Name **HEERING, RICHARD D.**

82 Street Address (P.O. Box Number is Not Acceptable)
625 LOIS LANE

84 City **BELLEAIR BLUFFS**

FL

85 Zip Code **34640**

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

RICHARD D. HEERING

Richard D. Heering

3-4-96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTD** DELETE
NAME **ANDERSON, J G**
STREET ADDRESS **26810 ANDERSON RANCH ROAD**
CITY-ST-ZIP **YALAHA FL 34797**

TITLE **SD** DELETE
NAME **CREMEANS, MAGGIE**
STREET ADDRESS **2643 MAXWELL DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** DELETE
NAME **HERRING, RICHARD D**
STREET ADDRESS **625 LOIS LANE**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 34640**

TITLE **D** DELETE
NAME **O'NEIL, L M**
STREET ADDRESS **1325 GREENDALE AVENUE STE. 28**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **TD** DELETE
NAME **YOUNG, TERRY L**
STREET ADDRESS **752 WINFRED DRIVE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** DELETE
NAME **MARRIOTT, GAYLE**
STREET ADDRESS **9987 PINE RUN COURT**
CITY-ST-ZIP **LAKE WORTH FL 33467**

1.1 TITLE **VD** Change Addition
1.2 NAME **WALSH, JOHN W.**
1.3 STREET ADDRESS **3326 MARY ST STE 301**
1.4 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

2.1 TITLE **VD** Change Addition
2.2 NAME **ROWE, GERALD K.**
2.3 STREET ADDRESS **16209 SKY AVE**
2.4 CITY-ST-ZIP **PANAMA CITY BCH. FL 32413**

3.1 TITLE **SD** Change Addition
3.2 NAME **HEERING, EVELYN E.**
3.3 STREET ADDRESS **625 LOIS LA**
3.4 CITY-ST-ZIP **BELLEAIR BLUFFS, FL 34640**

4.1 TITLE **D** Change Addition
4.2 NAME **SANDY LINDSEY**
4.3 STREET ADDRESS **13465 SW 189TH ST CIR.**
4.4 CITY-ST-ZIP **MIAMI, FL 33186**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **MARRIOTT, GAYLE** Change Addition
6.2 NAME
6.3 STREET ADDRESS **2643 MAXWELL DR**
6.4 CITY-ST-ZIP **APOPKA, FL 32703**

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:

Terry Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY Young

2/27/96

(904) 278-1901
Daytime Phone #

CR2E037 (12/95)