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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004206 (8)

1. Corporation Name
ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, INC.



Principal Place of Business Mailing Address

3665 E. BAY DR STE 204-169 LARGO FL 34641 US

3665 E BAY DR STE 204-169 LARGO FL 33771-1990 US

3. Date Incorporated or Qualified 08/24/1994

3a. Date of Last Report 03/08/1996

2. Principal Place of Business 2a. Mailing Address

21 3665 E. Bay Drive Suite, Apt. #, etc. 26 3665 E. Bay Drive Suite, Apt. #, etc.

22 Suite 204-169 City & State 27 Suite 204-169 City & State

23 Largo, Florida 28 Largo, Florida

24 34641 Zip 25 USA Country 29 34641 Zip 30 USA Country

4. FEI Number 65-0532241 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

9. Name and Address of Current Registered Agent

HEERING, RICHARD D.
625 LOIS LANE
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name Heering, Richard D.

82 Street Address (P.O. Box Number is Not Acceptable) 625 Lois Lane

83

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 617.0502, Florida Statutes.

SIGNATURE: Richard D. Heering *Richard D. Heering* DATE: 2-5-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALSH, JOHN W.	
STREET ADDRESS	3326 MARY ST, STE 301	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWE, GERALD K.	
STREET ADDRESS	16209 SKY AVE	
CITY-ST-ZIP	PANAMA CITY BCH FL 32413	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEERING, EVELYN E.	
STREET ADDRESS	625 LOIS LANE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDSEY, SANDY	
STREET ADDRESS	13485 SW 108TH ST CIR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YOUNG, TERRY L	
STREET ADDRESS	752 WINFRED DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CREMEANS, MAGARET	
STREET ADDRESS	2643 MAXWELL DR	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anderson, Andy	
1.3 STREET ADDRESS	26810 Anderson Ranch Road	
1.4 CITY-ST-ZIP	Yalaha, FL 34797	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Guptill, Dick	
2.3 STREET ADDRESS	1551 Jenson Terrace	
2.4 CITY-ST-ZIP	S.E. Palm Bay, FL 32909	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Strock, Marta	
3.3 STREET ADDRESS	3252 Virginia Street	
3.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Huband, Doris	
4.3 STREET ADDRESS	3062 Woolridge Drive	
4.4 CITY-ST-ZIP	Orlando, FL 32837	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Young, Judy	
5.3 STREET ADDRESS	752 Winfred Drive	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Love, Steve	
6.3 STREET ADDRESS	P. O. Box 11512	
6.4 CITY-ST-ZIP	Spring Hill, FL 34610	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Doris Huband *Doris Huband* DATE: Feb 4, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)