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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . . .

		DIVISION O				
1. Corporation	MENT # 74910	65 (7)				
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Principal Place	of Business	Mailing Address				
P.O. BOX 68	2	P.O. BOX 682				
	VILLE FL 32327	CRAWFORDVILLE FL	32327			
				3. Date Incorporated or Qualified 10/03/1979	3a. Date of Last 02/06/1	
	ace of Business	2a. Malling Address		4. FEI Number	F	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		59-6138994		Not Applicable
2	,	27		5. Certificate of Status Desired	1 4 '	Additional Required
City & State	9	City & State		6. Election Campaign Financing	55.0	O May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution		d to Fees
4	25	29	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. I Yes □ No	199.032,
	9. Name and Address of Cur			10. Name and Address of New Re		
			81 Name -	Taff Dele O.		
GABY, J			82 Stree Add	iress (P.O. Box Number is Not Appentable))	····
RT. 3 B(100	Bustick - PEll Rd		
, CRAWF	Ordville fl 32327		83			
			84 City	(85 Zir	Code 2327
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11 Pursuant t or register	to the provisions of Sections 617.05 ed agent, or both in the State of F	502 and 617.1508, Florida Statu long Such change was authori	tes, the above-named corpor	ration submits this statement for the num	ose of changing its re	egistered office
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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:

Sherie Destrict Sherie V Pigott 2/28/96 (404) 925SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICE OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICE OR DIRECTOR

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