

# 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 # N95000001665 (7)**

1. Corporation Name

**CHOICE FIRST INC.**



Principal Place of Business

Mailing Address

POST OFFICE BOX 215  
MARY ESTHER FL 32569

POST OFFICE BOX 215  
MARY ESTHER FL 32569

3. Date Incorporated or Qualified  
**04/05/1995**

3a. Date of Last Report  
**5/12/96 First**

2. Principal Place of Business

2a. Mailing Address

21 **98 Miracle Strip**

26 **P.O. Box 215**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **210**

27

City & State

City & State

23 **Fort Walton Beach**

28 **Mary Esther FL**

Zip

Country

Zip

Country

24 **32548**

25 **OK**

29 **32569**

30 **OK**

4. FEI Number

**593307410**

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

10. Name and Address of New Registered Agent

**FRANZEN, DEBRA  
23 CACTUS ROAD  
MARY ESTHER FL 32569**

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

**Choice First Inc Debra Franzen CEO.**

**5/12/96**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VO** ☐ DELETE  
NAME **KEEFE, TERRANCE**  
STREET ADDRESS **23 CACTUS ROAD**  
CITY - ST - ZIP **MARY ESTHER FL 32569**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **PSTD** ☐ DELETE  
NAME **FRANZEN, DEBRA**  
STREET ADDRESS **23 CACTUS ROAD**  
CITY - ST - ZIP **MARY ESTHER FL 32569**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **NORA ALLEN**  
STREET ADDRESS **25 Cactus Rd**  
CITY - ST - ZIP **MARY ESTHER FL 32569**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

**Debra Franzen Debra Franzen** **5/12/96** **664-730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)