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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

	ME FOUNDATION, INC.	N.9 MIDOMA WUD DEI	LEMDEN					
Principal Place	e of Business	Mailing Address					ILET DEOLE BINNY RIGH	I GIBAL MANAH OLDAK IENS
92 SUNSET LA SHALIMAR FL US		92 SUNSET LANE SHALIMAR FL 32579-100 US	00					
						Incorporated or Qualified 02/10/1981	3a. Date of L 02/0	ast Report 12/1996
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26				23-7078212 Not Applica		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certi	ficate of Status Desired	1901	.75 Additional see Required	
City & State		City & State			ion Campaign Financing Fund Contribution		5.00 May Be	
Zip	Country	Zip	Counti	гу		corporation has liability for i		
24	25	29	30		Florid	da Statutes 🔲	Yes 🖫 No	
	9. Name and Address of Curr	rent Registered Agent			10. Nerr	e and Address of New Re	gistered Agent	
			8	1 Name				
WEAVER, LOYAL L 1900 PALMETTO PALM CIRCLE			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
NICEVIL	LE FL 32578		[B:	3				
			8-	4 City			FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Stat	utes, the abo	ve-named	corporation sub	mits this statement for the p	urpose of chang	ging its registered
office or r	registered agent, or both, in the Sta rm familiar with, and accept the ob	ate of Florida. Such change wa: ligations of, Section 617,0503, i	s authorized t Florida Statuti	by the corp es.	poration's board	of directors. I hereby accep	ot the appointme	ent as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	OTE: Registered A	gent signature	e required when reinsta		DATE	
12.		AND DIRECTORS	13.		ADDI*	ing) TIONS/CHANGES TO OFFIC	ERS AND DIRE	
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14. I do 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or an arrestachment with an address. CAN CILLYAI D. Weaver, PCEO

SIGNATURE

01/07/97

FILED

Jan 27 1997 8:00am

Secretary of State

(904) 651-3766 Daytime Phone # 0074736