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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004820

1. Corporation Name

ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90086 029 ****61.25

2. Principal Place of Business												
APPLES FL 34102 2. Principal Place of Business 21	Principal Place	Principal Place of Business Mailing Address										
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sp-3d88726 Not Applicate	2. Principal P	Place of Business	2a. Mailing Address				3. D	ate Incorporated or Qualifed				
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City & State 23 City & State 25 Country Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees 24 25 29 30 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHELL, DAVID J 236 3RD STREET N. NAPLES FL 34102 84 City FL 85 Zip Code 84 City FL 85 Zip Code 84 City FL 85 Zip Code		#, etc.	Suite, Apt. #, etc.							L		
City & State 28	22		27				5	9-3468726				
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip	City & Stat	te	City & State				5. C	ertifcate of Status Desired				
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9. Name and Address of Current Registered Agent MITCHELL, DAVID J 236 3Rt) STREET N. NAPLES FL 34102 48	—		├ `	r	itry		1					•
MITCHELL, DAVID J 236 3RD STREET N. NAPLES FL 34102 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 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 agent, or both, in the State of Florida. Such change was authorized by the corpors tion's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed neme of registered agent and tise if apelicable. (NOTI: Registered Agent signature required when remistating) DATE	24			30					Pagietare		Jaea IC	rees
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14. I 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP