

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705061 (0)

1. Corporation Name

ALLIANCE DEVELOPMENT ASSOCIATION INC

Principal Place of Business

Mailing Address

**15000 SHELL POINT BLVD.
FT. MYERS FL 33908**

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FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1963	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1069892	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for filing fees under 5, 199, 032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent DYS, PETER 14731 FAIRHAVEN STREET FT. MYERS FL 33908	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD	1.1 TITLE	☐ Change ☐ Addition
NAME	DYS, PETER (ASST-S)	1.2 NAME	000001472940
STREET ADDRESS	15000 SHELL POINT BLVD	1.3 STREET ADDRESS	-05/03/95--01054--011
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	***138.75 ***138.75
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	CATHEY, GORDON M. DR	2.2 NAME	PD
STREET ADDRESS	1121 WINDMILL LN	2.3 STREET ADDRESS	Schutte, Roger L.
CITY - ST - ZIP	SILVER SPRING MD	2.4 CITY - ST - ZIP	8805 Indian Hills Dr.
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DEWITT, CHARLES B. (REV)	3.2 NAME	
STREET ADDRESS	8805 INDIAN HILLS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ANN ARBOR MI	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	SCHUTTE, ROGER L	4.2 NAME	VD
STREET ADDRESS	8801 W CENTER RD STE 304	4.3 STREET ADDRESS	Cathey, Gordon M. Dr.
CITY - ST - ZIP	OMAHA NE	4.4 CITY - ST - ZIP	1121 Windmill Ln
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FEATHER, MERLIN C	5.2 NAME	Silver Spring, MD 20905
STREET ADDRESS	4748 TRUSCOTT RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	5.4 CITY - ST - ZIP	
TITLE	ATD	6.1 TITLE	☐ Change ☐ Addition
NAME	BAYES, DENNIS	6.2 NAME	
STREET ADDRESS	15000 SHELL POINT BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	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 110.07(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, unchanged, or in an attachment with an address.

SIGNATURE:

PETER DYS, EXEC. VICE PRESIDENT 4/21/95 813-454-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number