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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State State City & State State City & State City & State City & State City & State State City & State City & State State City & State City & State State City & State State City & State State Country State Country State	1. Corporation	MENT# /U/33/ Name Y United Methodist Chi	\- /		LARBON DRAI ARIN ARRA ANDR INA (AR	Brail Brail Brail Brail Brail Brail Brail	
Principal Place of Business Advances String Address String Address String Advances String							
ST PETERSBURG FL 33704 2. Prividuos Place of Business	Principal Place	of Business	Mailing Address		+ 100 1 100 1 100 100 100 100 100 100 100 100 100 100 100 100 100 100	aran asak aran 21011 Arbit asah 1201	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired S. Addiction S					3. Date Incorporated or Qualified 05/25/1964	3a. Date of Last Report 03/30/1995	
City & State Ci	2. Principal Pla 21	ace of Business	<u> </u>		4. FEI Number 59-0935753		
28	Suite, Apt. #, etc.		<u></u>		5. Certificate of Status Desired		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sociators 617 0502 and 617,1508, Forida Statutes. The Book-named corporation submits this statement for the purpose of changing to registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. It hereby accept the displation of, Section 617 0503, Florida Statutes. 11. Pursuant to the provisions of Sociators 617 0502 and 617,1508, Forida Statutes. The Book-named corporation submits this statement for the purpose of changing to registered agent. I am or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am or reg	City & State		_ k *		1		
DAVIS, BARBARA 301 37TH AVENUE NORTH ST. PETERSBURG FL 33704 682 Street Address (P.O. Box Number is Not Acceptable) 693 City FL 85 Zap Code 11. Pursuant to the provisions of Socions 617,0502 and 617,1508, Piorida 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 box personal corporation submits this statement for the purpose of changing its registered office or registered agent, and cooper the celliptions of, Section 617,0503, Florida Statutes. SIGNATURE 12.	Zip 24	25	29		Florida Statutes	Yes □ No	
DAVIS, BARBARA 301 37TH AVENUE NORTH ST. PETERSBURG FL 33704 82 Street Address IP.O. Box Number is Not Acceptable) 83 Street Address IP.O. Box Number is Not Acceptable) 84 City FL 65 Zip Code 11. Pursuant to the provisions of Socilons 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffeor or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of declores. I hereby accept the appointment as registered agent, and above the coligitation of Schooline 617.0507 florida Statutes. SIGNATURE SIGNATURE 12. OFFICE/IRS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 12. OFFICE/IRS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 15. PETERSBURG FL 16. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 17. PETERSBURG FL 18. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICE/IRS AND DIRECTORS IN 12 19. THE ADDRESS 19. THE		9. Name and Address of Current	Registered Agent	Od None	10. Name and Address of New Regis	stered Agent	
301 37TH AVENUE NORTH ST. PETERSBURG FL 33704 84 City FL 85 Zip Code 11. Pursuant to the procisions of Socions 617,0502 and 617,1508. Florids Statutes, the above named corporation automits this statement for the purpose of changing its registered agent, or both, in the State of Fordis. Study change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DAYS, BARBARA 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DAYS, BARBARA 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DAYS, BARBARA 21. THE DAYS, BARBARA 21. THE DAYS, BARBARA 22. THE DAYS, BARBARA 23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DAYS, BARBARA 23. THE TARGET ADDRESS IN THE TARGET ADDRESS IN 12. THE DAYS, BARBARA 23. THE TARGET ADDRESS IN THE TARGET ADDRESS IN 12. THE DAYS, BARBARA 24. THE DAYS, BARBARA 25. THE TARGET ADDRESS IN 12. THE DAYS, BARBARA 26. THE DAYS, BARBARA 27. THE DAYS, BARBARA 28. THE TARGET ADDRESS IN 12. THE DAYS, BARBARA 28. THE TARGET ADDRESS IN 12. THE DAYS, BARBARA 29. THE DAYS, BARBARA							
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11. Pursuant to the provisions of Socions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit, 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 algorit, 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 algorit, and accept the caligations of Section 617.0502, florida Statutes. SIGNATURE Signature Si	ST. PETE	RSBURG FL 33704					
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 Suchio 617-0503, Florida Statutes. SIGNATURE Signature Signature Signature Signature MD				84 City		FL 85 Zip Code	
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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							
	14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily fur	nished and does not pual fy	for the exemption stated in Section 119 070	3)(k), Florida Statutes I further	

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 engaged, or on an attachment with an address.

SIGNATURE:

1 et anged, or on an attachment with all successions.

All Catta A. Dalles

BE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996