## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

IN ELOVO CHRICHINE MANOD INC

J.A. FLOTO SUNSHINE MANON, INC.				L MATHE LEGIC BRAIN BRAIN BRAIN BEANT BERNET BRAIN BOTTAN BURN BURN BURN BURN BERN BERN BERN BERN BERN BERN BERN	
Principal Place of Business		Mailing Address			
		•			·
1755 18TH STREET SARASOTA FL 34234-8603		1755 18TH STREET SARASOTA FL 34234-8803			**
					3. Date Incorporated or Qualified 3a. Date of Last Report
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1996
Principal Place of Business     2a. Mailing Address					4. FEI Number 59-0995138 Applied For Not Applicable
Suite, Apt #	Suite, Apt. #, etc.	to.			
22	, 616.	27			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 25	Zip	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
£4]	9. Name and Address of Current Registered Agent		[30]	10. Name and Address of New Registered Agent	
				Name	
BUMBRAY, GEORGE			62	Street A	ddress (P.O. Box Number is Not Acceptable)
2744 20TH STREET					
SARASO	TA FL 33580	4	83		
_	-1		84	City	FL 85 Zip Code 34234
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					
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					
12.	ighature typed or printed name of registred ag	ent and title if applicable. INOT ID DIRECTORS	E: Registered Ag	ent signature r	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 40
TITLE	PD	DE/ETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHAIRMAN / "D"
NAME	BUMBRAY, GEORGE		1.2 NAME		George Bumbray
STREET ADDRESS	2744 20TH STREET	•	1.3 STREET	ADDRESS	2744 20th Street
CITY - ST - ZIP	SARASOTA FL		1.4 CITY-5	T-ZIP	Sarasota, FL 34234
TITLE	VPT	☐ DELETE	2.1 TITLE		Vice-Chairman /"D" KX Change □ Addition
NAME	DAILEY JOHNNIE		2.2 NAME	ŀ	Johnnie Dailey
STREET ADDRESS	2722 20TH STREET		2.3 STREET		2722 20th Street
CITY-ST-ZIP TITLE	SARASOTA FL CSD	DELETE	2.4 CITY - 3.1 TITLE	ST-ZIP	Sarasota, FL 34234
NAME	FRAZIER, DANNIE		3.1 INLE		Secretary / "D" XX Change Addition
STREET ADDRESS	2703 20TH STREET		3.2 NAME	ADDECC	Dennie Frazier 2703 20th Street
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-	- 1	Sarasota, FL 34234
TITLE	SD	DELETE	4.1 TITLE	31-411	Treasurer /"D" XX Change Addition
NAME	BROWN, WATER		4. 2 NAME		Maltan Dun
STREET ADDRESS	5763 RAVENWOOD DR.		4.3 STREET	ADDRESS	5763 Revenwood Drive
CITY-ST-ZIP	SARASOTA FL		4.4 CITY - 5	T-ZIP	Sarasota El 34234
TITLE	D	☐ DELETE	5.1 TITLE		Change
NAME	STINNETT, ROBERT		5.2 NAME		
STREET ADDRESS	3215 GLENNA LANE	•	5.3 STREET	ADORESS	म् अहा अस्ता अस्ता ।
CITY-ST-ZIP	SARASOTA FL	XX DELETE	5.4 CITY - \$		
TITLE NAME	D Ogletree, Flora	4.4 DETELE	6.1 TITLE		ssist. Vice-Chairman / "D"
STREET ADDRESS	2411 MAPLE AVE.		6.2 NAME	ADDDECO C	wendolyn Atkins
CITY-ST-ZIP	SARASOTA FL				415 N. Tuttle Avenue
14. I do hereby		d with this filing does not quali	6.4 CiTY-5 fy for the exe	mption sta	arasota, FL 34234 Ited in Section 119.07(3)(i), Florida Statutes.   further certify that the
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 of 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: OF THE THE PRINTED NAME OF

**FILED** 

Feb 17 1997 8:00am

Secretary of State