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

DOCUMENT #

709063

(2)

1. Corporatio	n Name	رک)				·			
HIBISO	CUS GRANGE NO. 201 IN	C.							
							 	<u> </u>	
Principal Plac	e of Business	Mailing Address					ide kalı əhəh ə	BII BABA EIRH BI	
44.0.14401014.07									
14 S. MAGNOLIA ST. 14 S. MAGNOLIA ST. P.O. BOX 186 P.O. BOX 186						}			
FELLSMERE FL 32948 FELLSMERE FL 32948-0186						3. Date Incorporated or Qualifie	3 3a. Da	ate of Last Re	port
						06/01/1965		04/24/19	96
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 23-7213497		Ap	plied For
21		26							t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	le	City & State	3			6. Election Campaign Financing			·
23		28	_ 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zıp	Country	Zip	<u> </u>			8. This corporation has flability f	8. This corporation has flability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes 10, Name and Address of New	Yes [
	9. Name and Address of Curr	ent riegistered Agent		81	Name	10, Name Bild Address of New	vegiatered	Agent	
HONVO	NTOLL AND								
	ITSKI, ANN		82			Address (P.O. Box Number is Not Accep	table)		
14 S. MAGNOLIA ST. P.O. BOX 186				63					
FELLSMERE FL 32948				84 City				85 Zip C	2ode
					-				
11. Pursuant	to the provisions of Sections 617.0 registered agent, or both, in the Sta	502 and 617.1508, Florida S	tatutes, the	above	named	corporation submits this statement for the poration's board of directors. I hereby ac-	e purpose o	f changing its	s registered
agent I a	am familiar with, and accept the obl	igations of, Section 617.050	3, Florida St	atutes	i. 10 00. j.		oop,a app		, ug . u . u. u
SIGNATURE	Signature, typed or printed name of registered	agest and title if applicable	/NOTE: Bacieto	nd Ann	ot eigeshwa	required when reinstating)	DATE		
12.		ND DIRECTORS	13		in pyraidia	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
TITLE	T □ DELETE		1.1	TITLE				Change	Addition
NAME	HONYOTSKI, ANN		1.2 NAME		Ì				
STREET ADDRESS	14 S. MAGNOLIA ST.		1.3 STREET		ADDRESS	,			
CHY-ST-ZIP	FELLSMERE, FL 00000			1.4 CITY-ST-ZIP				I Channe	Addition
TITLE	P P P P P P P P P P P P P P P P P P P	☐ DELETE	1 - ·	2.1 TITLE				Change	Addition
NAME	LEVAN, EVELYN			2.2 NAME 2.3 STREET ADDRESS			1		
STREET ADDRESS	14095 109TH ST FELLSMERE FL		1						
CITY-ST-ZIP TITLE	D DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME	HORVATH, JOSEPH		I - 1	NAME				- •	
STREET ADDRESS	903 BAREFOOT BLVD		- 1		ADDRESS				
CITY-ST-ZIP	BAREFOOT BAY FL		3.4.	CITY-S	ST-ZIP				
TITLE	8	☐ DELETE	4.1	TITLE			**	☐ Change	Addition
NAME	WINTERMUTE, BETTY		4.2	NAME					
STREET ADDRESS	BOX 155 NA		4.3	STREET	ADDRESS				
CITY - ST - ZIP	WABASSO FL			4.4 CITY - ST - ZIP					
TITLE	D	▼ DELETE	1	TITLE		D D 11		Change	Addition
NAME	YURKIEWICZ, PETER			NAME		Perry, Donald 116 N. Lime 5t Fellsmere, FL			
STREET ADDRESS	175 S ELM ST		1		ADDRESS	116 D. Lime 31			
CITY-ST-ZIP	FELLSMERE FL			CITY - S	T-ZIP	Fellsmere, FL		1 1 65	1 2 2 2 2 2 2
TITLE	D NECT AMBOARET A	☐ DELETI		TITLE				Change	Addition
NAME	NEFF, MARGARET A		- 1	NAME					
STREET ADDRESS					ADDRESS				
City-St-7iP	SFRASTIAN FI		6.4	CITY-S	7-71P				

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 13 if changed, or on an attachment with an address.

SIGNATURE: In Lough Signature and Type on PANYED NAME OF SIGNING OFFICER OR PRINCED NAME OF SIGNING OFFICER OR PRINCED NAME OF SIGNING OFFICER OR PRINCED OR PRINCED NAME OF SIGNING OFFICER OR PRINCED NAME OF SIGNING NAME OF SIGNING OFFICER OR PRINCED NAME OF SIGNING OFFICER OR PRINCED NAME OF SI

4/8/97

FILED

Apr 30 1997 8:00am

Secretary of State

Daytime Phone # 0019903