5-1298 B 7083 -C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BARNES, CLIFF

1803 S 25TH ST

FT PIERCE RF

LUNDY, JAY

3503 AVE Q

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporation		.UCIE COUNTY, IN	·	-)				
Principal Place of Business Mailing Address								
903 SOUTH 21ST \$TREET FT PIERCE FL 34950-4863			903 SOUTH 21ST STREET FT PIERCE FL 34950-4863				3. Date Incorporated or Qualified 11/10/1966 4. FEI Number Applied For 59-0912551 Not Applicab	ole
2. Principal F	Place of Busin	ness	2a. Mailing Addr	26. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	\dashv
21			26				Fee Required	_
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State			City & State			•	7. Is this nonprofit corporation a homeowners association?	
Zip	Country Zip				Country		8. This corporation owes or has paid the current year Intangible	ヿ
24		25	29	30	L		Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
HOUGHTEUN, CHERYL 903 S. 21ST ST. FT. PIERCE FL 34950 11. Pursuant to the provisions of Sections 617,0502 and 617.15				08, Florida Statutes, If		City	corporation submits this statement for the purpose of changing its registere	<u>.</u>
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 polygations of Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or puried name of registered agent and the it applicable (NOTE: Registered Agent signature required when reinstating) Date								
12.			ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		▼ DE	LETE	1.1 TITLE		Charige Addition	on .
NAME	GONAN	O, MELINDA	,		1.2 NAME			
STREET ADDRESS	STREET ADDRESS 8640 NW M'CARI LANE				1.3 STREET ADDRESS			
CITY-ST-ZIP					1.4 CITY-ST-ZIP			_
TITLE	D		☐ DE	LETE	2.1 TITLE		☐ Change ☐ Addition	on
NAME		Y, CRAIG			2.2 NAME			- 1
STREET ADDRESS					2.3 STREET ADDRESS			- 1
CITY-ST-ZIP					2. 4 CITY-ST-ZIP		Change Addition	_
TITLE	D	710140		TELE	3.1 TITLE		Change C Addition	ן ייט
NAME					3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS				4				
CITY-ST-ZIP TITLE		RCE FL 34950	□ DE	FIFF	3.4. CITY- 4.1 TITLE	51 - ZIP	Change Addition	ᆔ
NAME	D	ITELIN CHEOVI	00	- to 1. 1 to	4.1 111LE		the contract of the contract o	·"
STREET ADDRESS		itelin, Cheryl Uth 21st Street				ADDRESS		
CITY-ST-ZIP		CE FL 34950-4863			4.4 CITY-5			

FT PIERCE FL 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 12 or Block 13 if changed, or on an attachment with an address.

CHERYL A. HOUGHTELIN

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE