FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 71240

(8)

FI	ORIDA	FEDERATION	OF	HIMANE	SOCIFTIES.	INC.

Principal Place of Business 5861 CORTEZ RD W BRADENTON FL 34210 Mailing Address

5861 CORTEZ RD W BRADENTON FL 34210 US



	05			us				3. Date Incorporated or Qualified 03/14/1967	3a. Da	ate of Last 05/01/	
2. Principal Place of Business 2a. Mailing Address				ss		4. FEI Number				Applied For	
21			26	26			59-2116518			Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		28	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
) A	Zip	Country 25	29	Zip	30	ountry		This corporation has liability for in Florida Statutes	ntangible ta	_	5. 199.032,
9. Name and Address of Current Registered Agent						\top	10. Name and Address of New Registered Agent				
PRATT, VIRGINIA D 5861 CORTEZ RD W					82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
	BRADENTON FL 3	34210				83			FL	85 Z	Tip Code
1	Pursuant to the provis	ions of Sections 617.0	502 and 6	17.1508. Florida	Statutes, the a	bove	named corpor	ation submits this statement for the purp	ose of ch	anging its	registered office

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 _		A COT	Charles a decision of the control of		DATE			
Signature typed or printed name of registered agent and lifter applicable. (NOTE Re. 12. OFFICERS AND DIRECTORS			13.	gnature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PDT	DELETE	1.1 Title	7623110 10 010 11020 10	[□] Change	Addition		
NAME	PRATT, (TRUDY) VIRGIN	Преселе	1.2 NAME		L			
STREET ADDRESS	6928 26TH ST W		1.3 STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL		1.4 CITY - ST - ZIP		Π	- Address		
TITLE	SD	DELETE	2 1 TITLE		Change	☐ Addition		
NAME	CHRISENBERRY, JOHN		2 2 NAME					
STREET ADDRESS	3700 W 11TH ST		2 3 STREET ADDRESS					
CITY-ST-ZIP	HOLLY HILL, FL 00000		2 4 CHTY-ST-ZIP					
TITLE	TD	DELETE	3 1 TITLE		☐ Change	☐ Addition		
NAME	Pratt, (trudy) virginia		3.2 NAME					
STREET ADDRESS	6928 26TH ST, W		3 3 STREET ADDRESS					
CITY-ST-ZIP	BRADENTON, FL 00000		3.4. CITY-ST-ZIP					
TITLE	VD	DELETE	41 TITLE		☐ Change	☐ Addition		
NAME	LEFEBVRE, RON		4 2 NAME					
STREET ADDRESS	2070 GRIFFIN RD		4 3 STREET ADORESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		4.4 CITY-ST-ZIP					
TITLE		DELETE	5 1 TITLE		Change	■ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5 4 CITY - ST - ZIP					
TITLE		DELETE	61 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY - ST - ZIP			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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

CHATTURE AND TYPED OR PRINTED NAME OF SYNING OFFICER OR DIRECTOR

4/24/96 941 794 8688

Daytime Phone #