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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

714783

(8)

| MINTER HAVEN FL 33880 WINTER HAVEN FL 33880  | 0                   |   | · · · · · ·                      |  |               |                          |               |
|--|---------------------|---|----------------------------------|--|---------------|--------------------------|---------------|
| 745 AVENUE A. SW 745 AVENUE A. SW 745 AVENUE A. SW WINTER HAVEN FL 33880   | 0                   |   |                                  | 1 160M 10101 HAN AIRM 10621 (6188  | 101 BIBN BIBN |                          |               |
| MINTER HAVEN FL 33880 WINTER HAVEN FL 33880  | 0                   |   |                                  |  |               |                          |               |
|  |                     | 745 AVENUE A. SW 745 AVENUE A. SW WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 |                                  |  |               |                          |               |
|  |                     |   |                                  | 3. Date Incorporated or Qualified 06/17/1968   |               | e of Last R<br>)4/06/19  |               |
| Principal Place of Business 2a. Mailing Address  |                     |   |                                  | 4. FEI Number  |               | <u> </u>                 | pplied For    |
| 26   | 1                   |   |                                  |  |               | ot Applicable Additional |               |
| Suite, Apr. W. Cic.  | Suite, Apt. #, etc. |   | 5. Certificate of Status Desired |  |               | tequired                 |               |
| City & State City & State  | _ L                 |   |                                  | 6. Election Campaign Financing   |               |                          | May Be        |
| 28   |                     |   |                                  | Trust Fund Contribution  |               |                          | to Fees       |
|  |                     | ntry  |                                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \) No |               |                          | 199.032,      |
| 25 29<br>9. Name and Address of Current Registered Agent   | [30]                |   |                                  | 10. Name and Address of New Re   | gistered /    | Agent                    |               |
| 9. Hante and Address of Carrett Hogiero C. Agent   |                     | 81  | Name                             |  |               |                          |               |
| FARRINGTON, LESLIE C.<br>822 TWENTY SIX STREET, N.W.   |                     | 82  | Street A                         | Address (P.O. Box Number is Not Acceptable)  |               |                          |               |
|  |                     |   |                                  |  |               |                          |               |
| WINTER HAVEN FL 33880  |                     | 83  | 1                                |  |               |                          |               |
|  |                     | 84  | City                             |  | FL            | 85 Zip                   | Code          |
| Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute     Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute  | se the abo          | We .  | named cor                        | cooration submits this statement for the purp  | soon of cho   | inging its re            | egistered off |
| Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statute or registered regent, or both, in the State of Florida. Such change was authorize familiar with labd accept the obligations of, Section 617,0503, Florida Statutes.  IGNATURE  Signifure, typed or printed name of registered typint also tire I applicable.  (NO) |                     |   |                                  | cured when reinstating)  | DATE          |                          |               |
| 2. OFFICERS AND DIRECTORS  | 13.                 |   |                                  | ADDITIONS/CHANGES TO OFF   |               |                          |               |
| TLE T DELETE   | 1.1 T               | TLE   |                                  |  |               | Change                   | ☐ Addition    |
| AME BAILEY, HETTIE   | 1.2 N               |   | i i                              |  |               |                          |               |
| TREET ADDRESS 745 AVE. A,S.W. APT 1403   |                     |   | T ADDRESS                        |  |               |                          |               |
| ITY-ST-ZIP WINTER HAVEN FL   | 1.4 L               |   | ST-ZIP                           | .D.  |               | Change                   | Addition      |
| ITLE GOYEN, HARRY  | 22 N                |   | Pres                             | /Director<br>Dr. John Alford   |               |                          | ^             |
| STREET ADDRESS 650 NORTH LAKE HOWARD DRIVE   | 235                 | TREE  | T ADDRESS                        | 1837 Fifth Street SE   |               |                          |               |
| HY-ST-ZIP WINTER HAVEN FL  | 2 4                 | CITY-   | -ST-ZIP                          | Winter daven, FL 3388  | 0             | T 1 Change               | ☐ Addition    |
| TILE P DELETE  | 3 1 T               |   | 1                                | Vice President   |               | <b>X</b> Change          | Addition      |
| HANCOCK, GLADYS  |                     | IAME  | ļ                                |  |               |                          |               |
| STREET ADDRESS 1841 AVENUE P SW  |                     |   | T ADDRESS                        |  |               |                          |               |
| OTY-ST-ZIP WINTER HAVEN FL   |                     | CITY -<br>THILE   | -\$1-ZIP                         | Divistor   |               | Change                   | Additio       |
| — — — — — — — — — — — — — — — — — — —  |                     | NAMI  |                                  | Director   |               | ••                       |               |
| NAME WAKEFIELD, LEIGH STREET ADDRESS 1525 N LAKE HOWARD  |                     |   | ET ADDRESS                       |  |               |                          |               |
| SANATED LIASTES EL   |                     |   | -ST-ZIP                          |  |               |                          | <b>-</b>      |
| DITY-ST-ZIP WINTER PLAYEN FL  D  D  D  D  D  D  D  D  D  D  D  D  D  |                     | TITLE   |                                  | Secretary/Director   |               | Change                   | Additio       |
| NAME HETZER, CHARLES   | 52                  | NAME  |                                  | Dottye Gast<br>550 Lake Dexter B   | ouleva        | rd                       |               |
| STREET ADDRESS 663 AVE I, NW   | 53                  | STREI   | ET ADDRESS                       | Winter Haven, FL 3   | 3880          | . –                      |               |
| CITY-ST-ZIP WINTER HAVEN FL  |                     |   | - S1 - ZIP                       | willer liavell, ie J.  |               | Change                   | ☐ Additio     |
|  | 61                  | TITLE   |                                  |  |               |                          |               |
| TITLE D DELETE   | I                   |   |                                  |  |               |                          |               |
| TITLE D DELETE NAME SECRIST, RONALD  |                     | NAMI  |                                  |  |               |                          |               |
| TITLE D DELETE   | 63                  | STRE  | ET ADDRESS                       |  |               |                          |               |

SIGNATURE:

4/15/96 941/293-6014 Daytrine Phone #