FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

(8)

FILED								
Feb	10	1998	8:00am					
Se	ecre	tary c	of State					

Principal Place of Business Mailing Address								
Principal Plac	e of Business	Mail	ling Address					
801 CHESTNUT STREET 801 CHESTNUT STRI CLEARWATER FL 34616 CLEARWATER FL 346						3. Date Incorporated or Qualified 01/28/1969		
ļ								4. FEI Number Applied For
9 Principal P	lane of Business	1 20 1	dalling Address					59-1366141 Not Applicable
2. Principal Place of Business 21		26						5. Certificate of Status Desired S8.75 Additional Fee Regulred
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State		 1	City & State					7. Is this nonprofit corporation a homeowners association?
Zip			7in	Country				Yes No
24	25	29		30	, c., , c., _j			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Curre	nt Registe	red Agent					10. Name and Address of New Registered Agent
	-				81	Na	me	
FITE, JOHN, ESQUIRE RICHARDS, NODINE, FITE, ETAL, PA 1263 PARK STREET			82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
					83	-		
CLEARY	VATER FL 33516				84	Cit	у	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	12 and 617	1508 Florida Statut	es the	ehove	a-nar	ned corno	pration submits this statement for the nurpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida	Such change was	authorize	ed by	the	corporatio	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	and the contract of the contra		0.000011 0 11 100001 1 1	U-100 U	J. J			
	Signature, typed or printed name of registered ag					nt sigr	ature require	d when reinstating) DATE
12.	OFFICERS AN	D DIRECT		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PELOUED OUADLES		☐ DELETE	1	TITLE			Change Addition
NAME BELCHER, CHARLES			1.2 NAME 1.3 Street Address					
STREET ADDRESS 975 BAYSHORE DR N CITY-ST-ZIP SAFETY HARBOR FL							ESS	
CITY-ST-ZIP TITLE	T TANDOR TE		DELETE	_	CITY-S TITLE	T-ZIP		☐ Change ☐ Addition
ł	JUSTICE, WILLIAM		DEELIC				- }	Cikingo Autonioi
STREET ADDRESS 1912 CLEVELAND STREET				2.2 NAME 2.3 Street ad		ADD0	.00	
	CLEARWATER FL				2. 4 City-St-ZIP		:33	
CITY-ST-ZIP TITLE	S		DELETE		UTLE	31 - LIP	+	Change Addition
NAME	PERKINS, DAVID				NAME		1	
STREET ADDRESS	919 BAY ESPLANADE			• • • • • • • • • • • • • • • • • • • •	STREET	ADDRE	ss l	
CITY-ST-ZIP	CLEARWATER FL				CITY-S			
TITLE	D		DELETE		TITLE			☐ Change ☐ Addition
NAME	LIVINGSTON, JOHN			4.2	NAME			
STREET ADDRESS	623 SMALLWOOD CIR			4.3 5	STREET	ADDRE	ss	
CITY-ST-ZIP	CLEARWATER, FL 00000		_	4.4 (CITY-SI	T-ZIP	[
TITLE	D		DELETE	5.11	ritle			Change Addition
NAME	ROBINSON DEAN			5.21	NAME			
STREET ADDRESS	1327 DUNCAN AVE. S.			5.3 9	STREET.	ADDRE	ss	
CITY-ST-ZIP	CLEARWATER, FL 00000			5.4 (CITY-S1	T-ZIP		
TITLE	D		DELETE	6.11	IITLE	_		Change Addition
NAME	ROYER, BETTY			6.2 1	3MAN		- 1	
STREET ADDRESS	1111 BAYSHORE BLVD., C-5			6.3 5	STREET.	ADDRE	ss	·
CITY-ST-ZIP	CLEARWATER FL			6.4 (CITY-SI	T-ZIP]	

14. Pereby 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:

Jan 30, 1988