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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

SIGNATURE:

716592

(1)

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11305 PARK AVENUE LEESBURG FL 34788 11305 PARK AVENUE LEESBURG FL 34788 3. Date Incorporated or Qualified 05/21/1969	
1 FEORING CL 24700	: 3
4. FEI Number Appli	ied For Applicable
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired \$8.75 Add	ditional
21	· · · · · · ·
22 Trust Fund Contribution Added to Fo	
City & State City & State 7. Is this nonprofit corporation a homeowners association?	
23	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangent 24 25 29 30 Personal Property Tax due June 30. Yes	
24 25 29 30 Personal Property Tax due June 30. Yes Yes Personal Property Tax due June 30.	
81 Name	
HARRIS, EARL 82 Street Address (P.O. Box Number is Not Acceptable)	
33305 CR 973	<u>.</u>
LEESBURG FL 34788	
84 City FL 85 Zip Coo	de
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 re-	egistered
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 reoffice 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 regarded. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	gistered
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SIGNATURE Signature: Typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE	<u> </u>
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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 on an attachment with an address.