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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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| VOITU  | IRE 541,   | 40&8, INCORPORA   | IEV  |  |                                       |   |  |   |                                  | (                  |                 |                                       |   |
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| incipal Plac   | e of Busines   | s   | Ma   | iling Address  |                                       |   |  |   | i sindhin sindik sind            | I ANGIA WHITE BUFF | ı Mâlit ALALI O | I CRUE MINISTE MINIST                 | B(Afi #12); IANI                                      |
| :/O JACK F. HOPKINS<br>120 MORNINGSIDE DRIVE<br>AFETY HARBOR FL 34695  |  |   | C/O JACK F. HOPKINS<br>2120 MORNINGSIDE DRIVE<br>SAFETY HARBOR FL 34695-2026 |  |                                       |   |  |   |                                  |                    |                 |                                       |   |
| u L  | , ,  | •   |  |  |                                       |   |  | 3. Da                                   | o2/03/197                        | or Qualified       | 3a. D           | ate of Last F<br>02/12/1              | teport<br>1996  |
| Principal P  | lace of Busin  | ness  | 2a.  | Mailing Addre  | SS                                    | <del></del>   |  |   | l Number                         |                    |                 | I A                                   | pplied For  |
|  |  |   | 26   |  |                                       |   |  |   | 23-737166                        | 0                  |                 |                                       | ot Applicabl  |
| Suite, Apt #, etc.   |  |   | Suite, Apt. #, etc.  |  |                                       |   | 5. Ce  | ertificate of Statu                     | s Desired                        |                    |                 | Additional<br>equired                 |   |
| City & Stat  | le   |   |  | City & State   |                                       | · · · · · ·   |  | 6. Etc                                  | ection Campaigr                  | Financing          |                 |                                       | May Be  |
|  | ···  |   | 28   |  |                                       |   |  |   | ust Fund Contrib                 | •                  |                 |                                       | to Fees   |
| Z <sub>t</sub> p   |  | Country   | Ę  | Zip  |                                       | Country   |  |   | is corporation ha                |                    |                 |                                       | . 199.032,  |
| L  | O Name   | 25 and Address of Current   | 29   | ered Acent   |                                       | 30  |  |   | orida Statutes<br>ame and Addres |                    | Yes             |                                       | <del></del>   |
|  | 9, 1401110   | and Address of Current  | Hoyes  | olen Walli   | ,                                     | 81  | Name   | 10. 14                                  | Alle BIO VOOLS                   | 13 () 140W 110     | -Aistolen       | April                                 |   |
| HOPKII   | NS JACK F  | :   |  |  |                                       | 82  | Ctrock   | A # # * * * * * * * * * * * * * * * * * | Day Number in                    | Mak Assessan       | LI-S            |                                       |   |
| HOPKINS, JACK F.<br>2120 MORNINGSIDE DRIVE   |  |   |  |  |                                       | 02  | Street   | Address (P.O.                           | Box Number is                    | ног Ассерта        | DIO)            |                                       |   |
|  | Y HARBOR   |   |  |  |                                       | 83  |  |   |                                  |                    |                 |                                       |   |
|  |  |   |  |  |                                       | 84  | City   |   |                                  |                    |                 | 85 Zip                                | Code  |
|  | <del> </del>   |   |  |  |                                       |   |  |   |                                  |                    | FL              |                                       |   |
| i. Pursuant  | to the provis  |   |  | 47.4000 Final  | C1-1-1                                |   |  |   |                                  |                    | purpose c       | or changing i                         | its registere   |
| office or i  | registered ac  | gent, or both, in the State   | and 61<br>of Florid  | 17.1508, Florid<br>Ia. Such chang                    | a Statutes<br>je was au               | s, the above<br>thorized by   | e-named<br>/ the corp  | corporation s<br>poration's boa         | rd of directors.                 | hereby acce        | pt the ap       | pointment as                          | registered  |
|  | registered aç<br>am familiar w   | sions of Sections 617.0502<br>gent, or both, in the State of<br>ith, and accept the obliga  | 2 and 61<br>of Florid<br>itions of   | 17.1508, Florid<br>la. Such chang<br>, Section 617.0 | a Statutes<br>ge was au<br>503, Flori | s, the above<br>thorized by<br>ida Statutes   | e-named<br>the corp<br>s.  | corporation s<br>poration's boa         | rd of directors.                 | hereby acce        | pt the ap       | pointment as                          | registered  |
|  |  | gent, or both, in the State of the and accept the obligation or printed name of registered agent  |  |  |                                       |   |  | corporation s<br>poration's boa         |                                  | hereby acce        | pt the ap       | pointment as                          | registered  |
| GNATURE  | Stgnature, typed   |   | nt and title l   | II applicable.                                       | (NOTE:                                |   |  | required when rein                      |                                  |                    | DAYE            |                                       |   |
| GNATURE<br>LE  | Signature, typed   | d or printed name of registered agen<br>OFFICERS AND  | nt and title l   | II applicable.                                       | (NOTE:                                | Registered Age  |  | required when rein                      | ustating)                        |                    | DAYE            |                                       | RS IN 12  |
| IGNATURE<br>2.<br>TLE<br>AME   | Stgnature, typed   | or priviled name of registered agen<br>OFFICERS AND   | nt and title l   | II applicable.                                       | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME  | ni signalure   | required when rein                      | ustating)                        |                    | DAYE            | D DIRECTO                             | RS IN 12  |
| IGNATURE  2.  TLE  AME  REET ADDRESS   | SRA<br>HOPKII<br>2120 M  | or priviled name of registered agen<br>OFFICERS AND<br>NS, JACK F.<br>IORNINGSIDE DRIVE   | nt and title l   | II applicable.                                       | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET   | ant signature  | required when rein                      | ustating)                        |                    | DAYE            | D DIRECTO                             | RS IN 12  |
| GNATURE  2.  LE  ME  REET ADDRESS  IY-ST-ZIP   | SRA<br>HOPKII<br>2120 M<br>SAFET   | or priviled name of registered agen<br>OFFICERS AND   | nt and title l   | II applicable.<br>CTORS DEL                          | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S  | ant signature  | required when rein                      | ustating)                        |                    | DAYE            | D DIRECTO                             | RS IN 12  |
| IGNATURE<br>2.<br>ILE  | SRA HOPKII 2120 N SAFET  | OFFICERS AND OFFICERS AND NS, JACK F. ORNINGSIDE DRIVE Y HARBOR FL  | nt and title l   | II applicable.                                       | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET   | ant signature  | required when rein                      | ustating)                        |                    | DAYE            | D DIRECTO                             | RS IN 12  |
| Q. (ILE AME APPET ADDRESS TY-ST-ZIP TILE AME   | SRA HOPKII 2120 M SAFET TD PETTIB  | or priviled name of registered agen<br>OFFICERS AND<br>NS, JACK F.<br>IORNINGSIDE DRIVE   | nt and title l   | II applicable.<br>CTORS DEL                          | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE  | ADDRESS  | required when rein                      | ustating)                        |                    | DAYE            | D DIRECTO                             | RS IN 12  |
| CONATURE  2.  CLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  | SRA HOPKII 2120 M SAFET TD PETTIB 3160 C   | OFFICERS AND OFFICERS AND NS, JACK F. IORNINGSIDE DRIVE Y HARBOR FL ONE, JOHN   | nt and title l   | II applicable.<br>CTORS DEL                          | (NOTE:                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME   | ADDRESS ADDRESS ADDRESS  | required when rein                      | ustating)                        |                    | DAYE<br>CERS AN | D DIRECTO                             | RS IN 12  |
| CONATURE  2.  CLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP   | SRA HOPKII 2120 N SAFETT TD PETTIB 3160 C CLEAR  | OFFICERS AND OFFICERS AND NS, JACK F. IORNINGSIDE DRIVE Y HARBOR FL ONE, JOHN CHAMBLEE LANE WATER FL  | nt and title l   | II applicable.<br>CTORS DEL                          | (NOTE:<br>LETE                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET  | ADDRESS ADDRESS ADDRESS  | required when rein                      | ustating)                        | SES TO OFFI        | DAYE<br>CERS AN | D DIRECTO                             | RS IN 12 Addition                                     |
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| GNATURE  2.  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  | SRA HOPKII 2120 N SAFETT TD PETTIB 3160 C CLEAR D FENSC 2855 S   | OFFICERS AND OFFICERS AND NS, JACK F. ORNINGSIDE DRIVE Y HARBOR FL ONE, JOHN CHAMBLEE LANE WATER FL CH, WILLIAM WARAH DRIVE   | nt and title l   | II applicable. CTORS DEL                             | (NOTE:<br>LETE                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET   | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS  | required when rein                      | ustating)                        | SES TO OFFI        | DAYE<br>CERS AN | D DIRECTO Change Change               | RS IN 12 Addition                                     |
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| IGNATURE  2. TILE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME   | SRA HOPKII 2120 M SAFET TD PETTIB 3160 C CLEAR D FENSC 2855 S CLEAR D HARRII 2743 N CLEAR P JEDRE 13237 SEMIN V DATZ,  | OFFICERS AND OFFICERS AND NS, JACK F. IORNINGSIDE DRIVE Y HARBOR FL ONE, JOHN CHAMBLEE LANE WATER FL ONGTON, DONALD SR. IAVEL DR. WATER FL Y, EDWARD C. 87TH PLACE NO. OLE FL EDWARD              | nt and title l   | DEI  | (NOTE:<br>LETE<br>LETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TITLE 6.2 NAME | ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP                                     | ADI                                     | istaling)<br>DITIONS/CHANG       | SES TO OFFI        | DAYE<br>CERS AN | D DIRECTO Change Change Change Change | RS IN 12 Addition Addition Addition Addition Addition |
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