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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT #

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|--------|--------|-------------|---------|-----|

| Principal Place of Business Mailing Address | | | n indrii desat iieat idiis dutta di | 181 4 Wall Mania Makii Mamee Wal | ARI WI BER DIWIN 1984 | | |
|--|---|--|-------------------------------------|---|---|---|-----------------------------------|
| 210 CYPRESS GARDENS BLVD. P O DRAWER 1230 WINTER HAVEN FL 33882-8230 | | 210 CYPRESS GARDENS BLVD. P O DRAWER 1230 WINTER HAVEN FL 33882-8230 | | | | | |
| | | | | 3. Date Incorporated or Qualified 06/12/1970 | 3a. Date of Las 04/28/ | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 59-1950683 | | Not Applicable |
| Suite, Apt. #, etc. 22 City & State 23 | | Suite, Apt. #, etc. 27 City & State 28 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| | | | | | | | Žφ |
| 24 | 9. Name and Address of Curren | 29 It Registered Agent | 30 | | Florida Statutes 10. Name and Address of New | | |
| | 5. Name and Novi cos 51 Carrest | in the ground at Figure | 8 | 1 Name | 10. 110.110 | | |
| PLATT, . | IAMES | | _ | <u> </u> | (I /D.C. Daw Newsters in New Assessed | *F1=) | |
| | ODMONT LANE | | 8 | Z Street A | ddress (P.O. Box Number is Not Accept | 3016) | |
| | ND FL 33813 | | 8 | 3 | | | |
| | | | - | 4 City | | los I | 7io Codo |
| | | | * | 4 City | | FL 85 | Zip Code |
| or register | to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Sect | da. Such change was author | ized by the cor | e-named cor rporation's b | poration submits this statement for the p loard of directors. I hereby accept the ap | urpose of changing its opointment as registere | registered office and agent. I am |
| | Signature, typed or printed name of registered agent | | | jent signature rec | ured when reinstating) | DATE | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO O | | |
| TITLE | CD CUEH DATINGK | DELETE | 1 1 1011.6 | | Τ | Change | e Addition |
| NAME | SHEIL, PATRICK | | 1.2 NAM | | | | |
| STREET ADDRESS | 50 W LAKE HAMILTON CIR WINTER HAVEN FL | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | VCD VCD | DELETE | 2.1 TITLE | - ST- ZIP | CIT | Change | e Addition |
| NAME | GERNERT, BOB | | 2 2 NAM | | 2, . | Unding: | 7.00.001 |
| STREET ADDRESS | 1433 N LAKE HOWARD DR | | | ET ADORESS | | | |
| CITY-ST-ZIP | WINTER HAVEN FL | | | - ST - ZIP | | | |
| TITLE | SD | DELETE | 3 1 7171 | - | SIT | Change | e 🔲 Addition |
| NAME | CASSELL, MARY ANN | | 3.2 NAM | E | | | |
| STREET ADDRESS | 104 PERRY AVENUE | | 3 3 STRE | ET ADDRESS | 3834 Gaines Cour Winter Hoven | t Tennam | |
| CITY-ST-ZIP | AUBURNDALE FL | | 3.4 CITY | 1-ST-ZIP | Winter Hoven | FL 33684 | |
| TITLE | T | ⊠ DELETE | 4 1 TiTLI | | ーナーナ | []] Changi | e 🕍 Addition |
| NAME | Quarles, Russell L | | 4 2 NAN | 1E | Pettit. Sharo | n | |
| STREET ADDRESS | 700 MIRROR TERRACE, NW | | 4 3 STRE | ET ADDRESS | 724 Camberra | 4 33664 | |
| CITY-ST-ZIP | WINTER HAVEN FL | | | -ST-ZIP | Winter Haven F | - 538F7 | |
| TITLE | D | DELETE | 5 1 TITLI | | T | Changi | e 🔲 Addition |
| NAME | BRUGGEMAN, MILDRED J. | | 5 2 NAM | | | | |
| STREET ADDRESS | 661 AUGUSTA RD | | | ET ADDRESS | | | |
| CITY-ST-ZIP | WINTER HAVEN FL | DELETE | | -ST-ZIP | VOIT | [] Chang | e Addition |
| TITLE | D PEACOCK, GARY | Piprette | 6 1 TITU | 1 | Verrill, Peter | L Chang | . Addition |
| NAME STREET ADDRESS | 5626 TREESTAND LANE | | 6.2 NAM 6.2 STP8 | EET ADDRESS | and Mamilton | Shores | |
| CITY-ST-ZIP | LAKELAND FL | | | -SI-ZIP | 305 Hamilton Winter Haven | FL 33880 | > |
| GITT GT ZIF | | | ■ U.9 UII ? | ui-air I | | | |

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 preceiver 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 the preceiver of the corporation or the same legal effect as if made under appears in Block 12 or Block 13 if the preceiver of the corporation or the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if made under one that the same legal effect as if the same legal ef

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

(941) 243-2138