FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthage

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 724396

(7)

SAN CRISTOBAL ASSOCIATION, INC.					 	1 160 1111 1114 1114	
Principal Plac	ee of Business	Mailing Address					
616 FLAMINGO DRIVE VENICE FL 34285 616 FLAMINGO DRIVE VENICE FL 34285-3025							
					3. Date Incorporated or Qualified 09/21/1972	3a. Date of Last F 04/09/19	Report 006
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-1586903	, ,	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	60 75	Additional
22		27				Fee R	equired
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28	Country				to Fees
24	25		30		8. This corporation has liability for intain Florida Statutes	~ \	s. 199.032,
	9. Name and Address of Curren				10. Name and Address of New Regist		
			81	Name			
FUSILLO, DANIEL			82	Street	Address (P.O. Box Number is Not Acceptable)		
616 FLAMINGO DR #202							
VENICE	FL 34285		83		Ý		
	N.		84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 617 0503	2 and 617 1508. Florida Statute	s the shove	namad	corporation submits this statement for the num	FL of changing i	to rogintorod
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corp	corporation submits this statement for the purp coration's board of directors. I hereby accept the	e appointment as	registered
	am familiar with, and accept the obliga	itions or, Section 617,0503, Flo	rida Statutes	•	•		
SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable (NOTE	: Registered Ager	nt signature		-10-97	
12.	OFFICERS AND DIRECTORS 13			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	≯ DELETE	1.1 TITLE 1	K	P	☐ Change	Addition
NAME	MOOREHEAD, HENRY		1.2 NAME		MOOREHEAD, HEHRY		
STREET ADDRESS	616 FLAMINGO DR			ADDRESS	GIGFLAMINGO DR		
CITY-ST-ZIP	VENICE, FL 00000		1.4 CITY - \$1	í-ZIP	YENICE, FL.		
TITLE	TD DAANE!	L DELETE	2.1 TITLE			Change	Addition
NAME	FUSILLO, DANIEL	ELLINION DD		i	• •	. 1-	
STREET ADDRESS	MENOE EL COCCO		2.3 STREET		ne e		
CITY-ST-ZIP TITLE	VENICE, FL 00000			T-ZIP	80	☐ Change	Addition
NAME	ZOCH, CARL	population in	3.1 TITLE 3.2 NAME		WILLIAM OLDFORD GILFLAHINGO DR	ட பவழி	MODICION
STREET ADDRESS	THE COLOTE PERCULOUS		3.3 STREET	ADDRESS	WILL FLAMINGO DR		
CITY-ST-ZIP	VENICE, FL 00000		3.4. CITY-S		VENICE, FL		
TITLE	D	DELETE	4.1 TITLE	r en	~ <u>~</u>	☐ Change	Addition
NAME	ROGERS, KATHLEEN K	•	4. 2 NAME		MOST CINCER PROTOC		_
STREET ADDRESS	616 FLAMINGO DR		4.3 STREET	ADORESS	CIG FLAMINGO DR		
CITY-ST-ZIP	VENICE, FL 00000		4.4 CITY-S1	r-ZIP	VENICE, FL		
TITLE	V	DELETE	5.1 TITLE			☐ Change	Addition
NAME	RUUD, IRVING	·	5.2 NAME				
STREET ADDRESS	5 GULF MANOR DRIVE		5.3 STREET	ADORESS			
CITY-ST-7IP	VENICE, FL 00000	··········	5.4 CITY-SI	r- ZIP			
TITLE	S	DELETE	6.1 TITLE		D HARRY	☐ Change	Addition
NAME	SMITH, HARRY		6.2 NAME		SMITH, HARRY GIG FLAMINGO DR.		
STREET ADDRESS	616 FLAMINGO DR.		6.3 STREET		VENIGE, FL.		
City-St-7iP	VENICE FL		64 CITY-ST				

14. If do hereby certify that the information supplied with this filling 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 3 in changed, or on an attachment with an address.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97 (941-486-1092

FILED

Feb 27 1997 8:00am

Secretary of State