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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

724879

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ı	A	CARTDADA	DEL	LIAD	ASSOCIATION	INIO
ı	Д	ALIAHINA	1)[-1	MAK	ASSULIATION	INL.

Principal Place	of Business	Mailing Address			a jiharin ililatik jihati dilaki kaliti kakilik i	i juditi idasa sibis dibas ibiti kasib tati benti meni mibit dibit dibit didi.		
1300 SEAWAY I FT PIERCE FL 3		1300 SEAWAY DR., BLDG. F FT PIERCE FL 34949-3108						
					3. Date Incorporated or Qualified 11/27/1972	3a. Date of Last Report 02/12/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-1559991	Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			E. Codilions of Chaire Posterd	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees			
		Country	or time outportation rice mobility for internation of the color.					
24 25 29 29 30 30 9. Name and Address of Current Registered Agent			ю]	Florida Statutes Yes No 10, Name and Address of New Registered Agent				
	9. Name and Address of Curren	r undigreten währt	81	Name	10. Name and Address of New Reg	Jistered Agent		
CAMPDE	ELL & MURRAY P.A.							
	RTH SECOND STREET		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
	ERCE FL 34950		83	 				
1 (11)			-	6		1221 72.0.4		
			84	City	•	FL 85 Zip Code		
11. Pursuant to	o the provisions of Sections 617.050:	2 and 617.1508, Florida Statutes	s, the abov	e-named o	corporation submits this statement for the pr	urpose of changing its registered		
agent. I an	n familiar with, and accept the obliga	ations of, Section 617.0503, Flori	ida Statute	/ the corp s.	oration's board of directors. I hereby accep	t the appointment as registered		
SIGNATURE _								
	Signature, typed or printed name of registered agei OFFICERS AND		Registered Age	ent eignature i	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
12.	P OFFICERS AND	D DIRECTORS DELETE	1.1 TOTLE		ADDITIONS/CHANGES TO OFFIC	Change Addition		
NAME	SPIERS, KENNETH	L. Decere	1.2 NAME			CT preside CT vegroom		
STREET ADDRESS	1300 SEAWAY DR D-1			T ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY - S					
TITLE	V	DELETE	2.1 TITLE	77 - 7	D	☐ Change		
NAME	FREDERICK, JOHN	·	2.2 NAME			1		
STREET ADDRESS	1300 SEAWAY DR., B-3		2.3 STREET	I ADDRESS	FULLER, DANIEL 1800 SEAWAY DR.	ET		
CITY-ST-ZIP	FT PIERCE FL		2. 4 CITY-	ST-ZIP	FT PIERCE FL 340			
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition		
NAME	BULMER, WILLIAM		3.2 NAME			•		
STREET ADDRESS	1300 SEAWAY DR A-1		3.3 STREET	ADDRESS		4.		
CITY-ST-ZIP	FT PIERCE FL	☐ DELETE	3.4. CITY-	ST-ZIP		Change Addition		
TITLE	DODNED DONALD	☐ Derese	4.1 TITLE			Change Addition		
NAME	RODNER, DONALD		4. 2 NAME					
STREET ADDRESS	1300 SEAWAY DR D-3 FT PIERCE FL			T ADDRESS				
CITY-ST-ZIP TITLE	ST	DELETE	4.4 CITY - S 5.1 TITLE	il - ZIP		☐ Change ☐ Addition		
NAME	BOZARTH, MILLIE		5.2 NAME					
STREET ADDRESS	1300 SEAWAY DR D-9		5.3 STREET					
CITY-ST-ZIP	FT PIERCE FL	4	5.4 CITY - S					
TITLE	D	☐ DELETE	6.1 TITLE			Change Addition		
NAME	BRENNAN, J. M		6.2 NAME					
STREET ADDRESS	3221 LIVE OAK LN		6.3 STREET	T ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 00000		6.4 CITY - 9	ST-ZIP				
information	n indicated on this annual report or s	supplemental annual report is tru	e and acci	urate and :	tated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal eport as required by Chapter 617, Florida S	l effect as if made under path: that		