

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727988 (8)

1. Corporation Name

ALANO HOUSE, INC. OF FT. WALTON BEACH

Principal Place of Business

Mailing Address

52 N BEAL PKWY
POB 4243
FT WALTON BCH FL 32549

52 N BEAL PKWY
POB 4243
FT WALTON BCH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1973

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2839950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

* KELLER, VERN
100 MARKELLA ROAD
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLEN, VERN
STREET ADDRESS	P.O. BOX 5558 NA
CITY-ST-ZIP	FT WALTON BCH. FL
TITLE	VD
NAME	DAVIS, WADELL
STREET ADDRESS	#2 ASTOR MHP
CITY-ST-ZIP	SHALIMAR FL
TITLE	SD
NAME	SMITH, WAYNE
STREET ADDRESS	410 SOUTH AVENUE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	TD
NAME	FULLER, JOE
STREET ADDRESS	129 PERDITO CIRCLE
CITY-ST-ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	700001419367
1.4 CITY-ST-ZIP	-03/02/95--01056--017
	*****61.25 *****61.25
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	3/1/95 T.I.S.
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

VERN KELLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vern Kellen

2/20/95

243-9570