

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # 727988 (8)

1. Corporation Name

ALANO HOUSE, INC. OF FT. WALTON BEACH



Principal Place of Business Mailing Address
52 N BEAL PKWY 52 N BEAL PKWY
POB 4243 POB 4243
FT WALTON BCH FL 32549 FT WALTON BCH FL 32549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
11/09/1973

3a. Date of Last Report
01/31/1996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEN, VERN
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEN, VERN
STREET ADDRESS P.O. BOX 5558 NA
CITY-ST-ZIP FT WALTON BCH. FL ☐ DELETE

TITLE VD
NAME DAVIS, WADELL
STREET ADDRESS #2 ASTOR MHP
CITY-ST-ZIP SHALIMAR FL ☐ DELETE

TITLE SD
NAME SMITH, WAYNE
STREET ADDRESS 410 SOUTH AVENUE
CITY-ST-ZIP FT. WALTON BEACH FL ☒ DELETE

TITLE TD
NAME FULLER, JOE
STREET ADDRESS 129 PERDITO CIRCLE
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 JAMES MOOREHEAD
3.3 STREET ADDRESS 2119 3rd St
3.4 CITY-ST-ZIP FT. WALTON Beach, FL

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME MICHAEL CHURCH
4.3 STREET ADDRESS 231 NE HOLLYWOOD BLVD
4.4 CITY-ST-ZIP FORT WALTON BCH, FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME JAMES MASS
5.3 STREET ADDRESS 411 ADAMS ST NW
5.4 CITY-ST-ZIP FORT WALTON BCH, FL

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 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 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED VERN KELLEN 01/31/96 904-243-413

CR2E037 (4/97)