

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

3. Date Incorporated or Qualified

11/09/1973

4. FEI Number

59-2839950

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

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  
100 MARKELLA ROAD  
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME MOORHEAD, JAMES  
STREET ADDRESS 211A 3RD ST  
CITY-ST-ZIP FT. WALTON BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME CHURCH, MICKAEL  
STREET ADDRESS 231 NE HOLLYWOOD BLVD  
CITY-ST-ZIP FT WALTON BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME MASS, JAMES  
STREET ADDRESS 411 ADAM ST NW  
CITY-ST-ZIP FT WALTON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*Vern Kellen*

1-28-98 243-4570

CR2E037 (10/97)