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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90063 037 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727988

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/09/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2839950	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 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 *Vern Kellen* (NOTE: Registered Agent signature required when reinstating) DATE 1-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEN, VERN	1.2 NAME	
STREET ADDRESS	P.O. BOX 5556 NA	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	FT WALTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WADELL	2.2 NAME	
STREET ADDRESS	#2 ASTOR MHP	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORHEAD, JAMES	3.2 NAME	
STREET ADDRESS	211A 3RD ST	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, MICKAEL	4.2 NAME	
STREET ADDRESS	231 NE HOLLYWOOD BLVD	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASS, JAMES	5.2 NAME	
STREET ADDRESS	411 ADAM ST NW	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	FT WALTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)