FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Principal Place PO BOX 31 BOCA RATON	COYAL PALM AUDUBON SI	Mailing Address P.O. BX 31 BOCA RATON FL 33429-	0031						
US		05				3. Date Incorporated or Qualified 05/02/1974	3a. Date of L 04/29	ast Report 9/1996	
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 23-7242612 Applied For Not Applicable			
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
City & Stat		City & State			<u></u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Ziρ	Cour	ntry		8. This corporation has liability for i		der s. 199.032,	
24	25 9. Name and Address of Curre	29 Annt Pagistored Agent	30]			Florida Statutes L 10. Name and Address of New Re	Yes No		
	y, Name and Address of Curr	aur volusieien Allaur		81 Na	ame	IV. Hame and Address of New He	heretea Waeut		
QUAN	IOCI A		Ĺ						
	JOEL A. ANISH RIVER BLVD., WEST		82 Street A			ddress (P.O. Box Number is Not Acceptable)			
	RATON FL 33431		}	83					
BUCK F	1ATON FL 33431		<u> </u>						
				84 Ci	ty		FL 85	Zip Code	
office or i	registered agent, or both, in the Sta am familiar with, and accept the obli	le of Florida. Such change was gations of, Section 617.0503, f	authorized Torida Statu	i by the ites.	corporatio	ration submits this statement for the p n's board of directors. I hereby accep	ot the appointmen	ing its registered nt as registered	
12.	Signature, typed or printed name of registered a		TE: Rogistered	Agent sign	nature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE COLORED	OTODO INI 12	
TITLE		OFFICERS AND DIRECTORS 13 PD DELETE 1.1		F	ות		Cha		
NAME	1 '-	HUNT, JOSEPH			171	PD Alternating Board Members			
STREET ADDRESS	1300 NW 6TH ST.			REET ADDR	.ces A)	ternating Donal	Nlemb	sers !	
CITY-ST-ZIP	BOCA RATON FL		1	Y-ST-ZIP		Torribar Jasara	, 10,710	,	
TITLE	VD	DELETE	DELETÉ 2.1 TITLE				□ Chi	ange Addition	
NAME	IRVING, MARY	_	2.2 NAME					•	
STREET ADDRESS	1200 NW 24TH AVE		•	REET ADDR	IESS	- 0 - 1 - 1			
CITY-ST-ZIP	DELRAY BEACH FL			IY-ST-ZIF	- i	Zip-3344	5		
TITLE	TD	☐ DELETE	3.1 TIT				Cha	ange Addition	
NAME	ROBBINS, DOTTIE		3.2 NAI	ME				• •	
STREET ADDRESS	1331 SW 12TH ST.		3.3 STF	REET ADDR	ESS	-1. 20.14	r		
CITY-ST-ZIP	BOCA RATON FL		3.4. Ci1	Y-ST-ZIP	,]	Zip-33486	0	. ,	
TITLE	\$D	☐ DELETE	4.1 1111	.E			Cha	ange Addition	
NAME	PARMALLEE, ALAN		4. 2 NA	ME				•	
STREET ADDRESS	4765 N.W. 6TH CT		4.3 STF	REET ADDR	ESS	Zip-3344	大		
CITY-ST-ZIP	DELRAY BEACH FL			Y-ST-ZIP		218- 2274			
TITLE	D	DELETE	5.1 TITI		D		Cha	ange 🔲 Addition	
NAME	BEARDEN, JOE	•	5.2 NA		A	nn Horn 094 Cadiz Rd. oca Raton EL	•	ļ	
STREET ADDRESS	10299 WINDSWEPT PLACE		1	eet addr	ESS 30	994 Cadiz Rd.	051151		
CITY-ST-ZIP	BOCA RATON FL			Y - ST - ZIP	B	oca Raton FL	334 <i>3</i> 2	<u>~</u>	
TITLE		☐ DELETE	6.1 717		- 1		☐ Cha	ange [_] Addition	
NAME	Į.		6.2 NAI		-				
STREET ADDRESS		•	6.3 STF	ieet addr	ESS				

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