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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

729895

(3)

	ORIDA	CORPORATED OF ST.	CLOU			: 1 111 111 11 111 11 1)
Principal Plac	e of Business	Mailing Address						
F ST. CLOU 1122 KY. AV ST. CLOUD	/ENUE	F ST. CLOUD. FLORIC 1122 KY. AVENUE ST. CLOUD FL 34769	DA .					
2 Principal F	Place of Business				 Date Incorporated or Qualified 06/07/1974 	3a. Date ()4	of Las /26/1	t Report 1 995
21	Pace of business	2a. Mailing Address			4. FEI Number		\Box	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-1794135			Not Applicable
City & Stat	te .	27 City & State			5. Certificate of Status Desired			5 Additional Required
Zip		28	· ,		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
24	Country 25	Zip	Cou	intry	8. This corporation has liability for it	ntangible tax ı.		
	9. Name and Address of Cur	rent Registered Agent	30	r	Florida Statutes	Yes 🕎 No	5	<u>,</u>
		Logisteren Whalit		81 Name	10. Name and Address of New R	egistered Ag	ent	
PRICKET	IT, GLENN E.							
1122 KY				82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)	·	
34769				83				
				84 City		F. 1	85 Zij	p Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statut	es, the abo	ve-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
familiar wi	th, and accept the obligations of, Se	orida. Such change was authoriz ection 617.0503, Florida Statutes	ted by the c s.	corporation's boar	ard of directors. I hereby accept the appo	intment as reg	istered	agent. I am
SIGNATURE								
	Signature, typed or printed name of registered as	pent and title if applicable. (NC	DTE: Registered	Agent signature require:	id when reinstating)	DATE		
12.	OFFICERS A	pent and title if applicable. (NC AND DIRECTORS	TE Registered	Agent signature require:		DATE CERS AND DIE	BECTO	RS (N. 12
12. TITLE	OFFICERS A				id when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DI		
12. TITLE NAME	OFFICERS A BUTNER, TOM	AND DIRECTORS	13.	LE		CERS AND DI	RECTO Change	FIS IN 12
12. TITLE NAME STREET ADDRESS	C BUTNER, TOM 1122 KY AVENUE	AND DIRECTORS	13. 1.1 JII 1.2 NA	LE		CERS AND DI		
12. Title Name Street address City-St-Zip	C BUTNER, TOM 1122 KY AVENUE ST. CLOUD FL	AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STE	LE ME		CERS AND DI		
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SIGNATURE: Chim Glem & Pricrett 4/30/16 (407) Paz 5511
Desprise Pricrett