## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

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(4)

Principal Place of Business 1301 E. MAIN ST. P. O. BOX 581 WAUCHULA FL 33873 US		Mailing Address				
		HIGHWAY 64 A EAST P. O. BOX 581 WAUCHULA FL 33873-0581				
2. Principal Place of Business		2a. Malling Address				
21		26				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
2		27				
City & State		City & State				
		<del></del>				
23		[28]				

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9. Name and Address of Current Registered Agent

## **FILED** Apr 14 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

Name and Address of New Registered Agent

3a. Date of Last Report 07/26/1996

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified 12/26/1974

Number 59-1794514

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

HIGHWAY 64			82 83							
WAUCHULA FL 33873										
			84	City	FL	85	Zip C	ode		
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 and 61 egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	7.1508, Florida Statutes a. Such change was au Section 617.0503, Flori	s, the above thorized by ida Statutes	named the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the company of the corporation	chang cointme	ing its nt as i	registered egistered		
SIGNATURE .										
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered  12. OFFICERS AND DIRECTORS 13.				d Agont signature required whon reinstating)  ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD DELETE		1.1 TITLE			Change Addition				
NAME :	BRADDOCK THOMAS C	EJ state	1.2 NAME				ung-			
STREET ADDRESS	HWY 64 WEST		1.3 STREET	PPIGOOA				İ		
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY-S					1		
TIFLE	\$D	DELETE	2.1 TITLE	1-215	SD	DX. Ch	anoe	Addition		
NAME	MORGAN, RAYMOND E.		2.2 NAME							
STREET ADDRESS	627 GREEN ST.		2.3 STREET ADDRESS		BEADDOCK, JAMES A. 312 PARK DRIVE			-		
CITY-ST-ZIP	WAUCHULA FL		2 4 CITY-ST-ZIP		WAUCHULA, PL 33873					
TITLE	TD	DELFTE	3.1 TITLE	1-20	WHAC HALL ! 10 00 10	☐ Ch	ange	Addition		
NAME	SUTTON, PAUL D.		3.2 NAME				•			
STREET ADDRESS	314 PARK DRIVE		3.3 S1REE1	ADDRESS				i		
CITY-ST-ZIP	WAUCHULA FL		3.4, CITY-S	1 - 7(P				1		
TITLE		DELETE	4.1 TITLE			Ch	ange	Addition		
NAME ,			4. 2 NAME					1		
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				į		
TITLE		DELETE	51 TITLE			Ch	ange	Addition		
NAME			5.2 NAME		<i>.</i>					
STREET ADDRESS			5.3 STREET	ADDRESS				ŀ		
CITY-ST-ZIP			5.4 CITY-S	I-ZIP						
TITLE		DELETE	6.1 TITLE			Ch	ange	Addition		
NAME			6.2 NAME					. ]		
STREET ADDRESS			6.3 STREET	ADDRESS				İ		
CITY-ST-ZIP			6.4 CITY - ST							
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 eath; 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.										

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