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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

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Principal Plac	ce of Business	Mailing Address			binni nimit mibit memit binit dente (60).
9025 STAR TRAIL 9025 STAR TRAIL			3. Date incorporated or Qualified		
NEW PORT RICHEY FL 34854 NEW PORT RICHEY FL 3		54	01/29/1975		
				4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Mailing Address		59-2078825	Not Applicable
21 26		-		5. Certificate of Status Desired] \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 27 City & State City & State			Trust Fund Contribution	Added to Fees	
23	6	City & State		7. Is this nonprofit corporation a homeo	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren			10. Name and Address of New Registe	ered Agent
			81 Name	orneweerd Dennis	
OHLING, JOHN			62 Street A	81 Name Doorneweerd, Dennis 82 Street Address (P.O. Box Number is Not Acceptable)	
17024 AKINS DRIVE		73:	21 Bent Oak Drive		
*******		****	83		
SPHING	HILL FL 34610		84 City		85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, by the State of Florida. Such change was au agent. I am fan flar with, and accept the obligations of, Section 617.0503, Flori 			s the above-named o	rt Richey,	FL 34668
office or r	egistered agent, or both, in the State	of Florida. Such change was au	uthorized by the corpo	ration's board of directors. I hereby accept the	e appointment as registered
ugon.ru	in range with, and accept the obliga	ations of, obotique of Logos, Floi	iva statutes.		
	dlouis debare	ewelik		1-7	3-98
SIGNATURE	Signature, typed or printed name of registered age:	ewers	Registered Agent signature re	1- 2	3-98 ATE
SIGNATURE	Stratue, typed or printed name of registered age: OFFICERS AND	int and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS	3 - 98 ATE S AND DIRECTORS IN 12
SIGNATURE . 12. TITLE	Signature, typed or printed name of registered age: OFFICERS AND	int and title if applicable. (NOTE:	Registered Agent signature re 13. 1.1 TITLE	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS PD	3 - 98 ATE
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AND OHLING, JOHN	int and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS PD Doorneweerd, Dennis	3 - 98 ATE S AND DIRECTORS IN 12
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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 13 if changed, or on an attachment with an address.

FILED

Feb 05 1998 8:00am

Secretary of State