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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARATENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

734602

(6)

COMM  Principal Plac  C/O JEFF WIE 7325 WINDSOF CLEARWATER	BE R LANE	Mailing Address  C/O JEFF WIEBE 7325 WINDSOR LANE CLEARWATER FL 34624-702	29		
OCC.	1 B W1051 1050			3. Date Incorporated or Qualified 12/15/1975	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1619061	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	α	City & State		B. Flantin Committee Financia	Fee Required
23	o	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
	A 1400V D		81 Name		
	S, LARRY D 92ND Way		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
	FL 33540		83		
D0100			04 07		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE				oration submits this statement for the p on's board of directors. I hereby accep	
12.	Signature, typed or printed name of registered age OFFICERS AND		Registered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE D W	IEBE JORLEAN	Change X Addition
NAME	WIEBE, JEFFREY J.		1.2 NAME 7	EARWATER FL	ANE
STREET ADDRESS	7325 WINDSOR LANE		1.3 STREET ADDRESS	EARWATER FL	33764
CITY - ST-ZIP	CLEARWATER, FL 00000		1.4 CITY - ST- ZIP		
TITLE	D	DELETE	2.1 THILE D	<del>oRk≅AN</del>	Change Addition
NAME	YOUNG, RONALD		2.2 NAME		
STREET ADDRESS	23 N. PINE CIRCLE		2.3 STREET ADDRESS		
CITY-\$T-ZIP	BELLEAIRE FL D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MOULDS, LARRY		3.2 NAME		
STREET ADDRESS	12033 92ND WAY		3.3 STREET ADDRESS		
CiTY-\$T-ZiP	LARGO FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY-ST-ZIP		Change Addition
TITLE NAME		F" T DETELE	6.1 TITLE		Change CT Addition
STREET ADDRESS	•		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-7IP	•		6.3 STREET ADDRESS		

14. Ido hereby certily that the information supplied with this filing does not qualify for the exemption slated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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.

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**FILED** 

Jul 18 1997 8:00am

Secretary of State