## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(7)

FILED
May 12 1998 8:00am
Secretary of State

ZELLWOOD IMPHOVEMENT PROJECT, INC.					
Principal Place of Business Mailing Addr		Mailing Address			A STATES COME AND A STATE AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A
P.O. BOX 1376  ZELLWOOD FL 32798-1376  P.O. BOX 1376  ZELLWOOD FL 32798-1376					3. Date Incorporated or Qualified 03/16/1976
					4. FEI Number Applied For
					NOT APPLICABLE Not Applicable
<b>⊢</b> '	lace of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21		26			Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
City & State		City & State			
23		28			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		,	8. This corporation owes or has paid the current year Intangible
24 25		29	30		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
REYNOL	.DS, RODNEY V		82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	DHÁWK DR.				
ZELLWO	OD FL 32798		83	1	
			84	City	85 Zip Code
			l_		FL  ``
11. Pursuant	to t <b>he</b> provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida, Such change was a	es, the abovi authorized by	e-named co v the corpor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statute	S.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE .		4107	Darles of A	<del></del>	uired when reinslating) DATE
12,	Signature, typed or printed name of registered age OFFICERS ANI		13.	ant signature req	uired when reinslating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, RODNEY V		1,2 NAME		
STREET ADDRESS 3679 MOHAWK DR			1.3 STREET	ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798		1.4 C/TY-S		•
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	HENDERSON, GWENDOLYN		2.2 NAME	İ	
STREET ADDRESS	ACCULATION AND ACCULATE AND ACC		2.3 STREET	ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798		2. 4 CITY-	ST-ZIP	
TITLE	<b>\$</b> 0	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	11200; 0200111.		3.2 NAME		
STREET ADDRESS	***************************************		3.3 STREET	ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798		3.4. CITY-	S1 - ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	T	L_ DELETE	41 TITLE		L_J Change L_J Addition
NAME	POLLOCK, REV. CLYDE		4. 2 NAME		
STREET ADDRESS	6775 HOLLY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798	DELETE	4.4 CITY - S	IT-ZIP	☐ Change ☐ Addition
TITLE		ריז מכרכונ	5.1 TITLE		Li Orange Li Adulton
NAME Street address	SCHOFIELD, CILLA 3617 CILIA ST		5.2 NAME	ADODESC	
1	<b>ZELLWOOD FL 32798</b>		5.3 STREET ADDRESS 5.4 City-St-Zip		
CITY-ST-ZIP	VD	☐ DELETE	6.1 TITLE	11-218	☐ Change ☐ Addition
NAME	BLACKMON, BILLY	- Partie	6.2 NAME		Similar Control
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798		6.4 CITY-S		
		th this filing does not qualify fo			n 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 13 if changed, or on an attachment with an address.