FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 735286**

1. Corporation Name

ZELLWOOD IMPROVEMENT PROJECT, INC.

Principal Place	of Business
P.O. BOX 1376	•
TELLIMOOD EL	00700 4070

Mailing Address

P.O. BOX 1376

2a. Mailing Address

ZELLWOOD FL 32798-1376

May 04, 1999 8:00 am⁵/₅ Secretary of State

05-04-1999 90159 004 ****61.25

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3. Date Incorporated or Qualifed

Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. EER Number NOT APPLICABLE Applied For Not Application St. 75 Additional Fee Required \$8.75 Additional Fee	2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
City & State State City & Country City & Country City & Country City & Country City &	21					03/16/1976				
City & State 23	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					<u> </u>	
23 25 27 27 27 27 28 29 29 30 30 30 30 30 30 30 3						NOT APPLIC	MOLE			
Zip	—	9	— ·			5 Contiforte of Status Desired 1.1				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 8 REYNOLDS, RODNEY V 3679 MOHAWK DR. 2ELLWOOD FL 32798 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of offectors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of offectors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of offectors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of offectors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Statutes. 11. Pursuant to the provisions of Section 617,0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere agent agent, are both, in the State of Florida. Statutes, the above named corporation submits this statement for the purpose of changing its registere agent. 11. Pursuant to the provisions of Section 617,0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere agent. Are statement for the purpose of changing its registere agent. 12. Cofficient provisions of Section 617,0502, Florida Statutes, the above named corporation submits this statement for the pur		Country	Zip	Country		6. Election Campai	gn Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent REYNOLDS, RODNEY V 3879 MOHAWK DR. ZELLWOOD FL 32798 18 Street Address (P.O. Box Number is Not Acceptable) 18 Street Address (P.O. Box Number is Not Acceptable) 19 Street Address (P.O. Box Number is Not Acceptable) 19 Street Address (P.O. Box Number is Not Acceptable) 10 Street Address (P.O. Box Number is Not Acceptable) 11 Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section Statules, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section Statules, Statules, Statules, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section Statules, St	24	25	29	0		Trust Fund Cont	ribution	Added	to Fees	
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12.	SIGNATURE	Signature, byped or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agen	t signature required	when reinstating)	DATE			
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14. I have by continued the information cumplied with this filing does not qualify for the exemption stated in Section 134 ()/(3/f). Florida Statutes, i number certify that the information cumplied with this filing does not qualify for the exemption stated in Section 134 ()/(3/f). Florida Statutes, i number certify that the	CITY-ST-ZIP	ZELLWOOD FL 32/98	this filing dose not qualify for the			Section 119 07/3\(i) Flo	rida Statutes I further	certify that the	information	

this report as required by Chapter 617, Florida Statutes; and that my name appears in