

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham** \*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740645

1. Corporation Name

**SINGLES ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**849 Creekway Ct.  
Brandon, FL 33511**

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Brandon, FL 33511**

**FILED**

**97 SEP 29 AM 9:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/77</b>		3a. Date of Last Report <b>4/14/96</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1790163</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**Marge Spencer  
849 Creekway Ct.  
Brandon, FL 33511**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Marge Spencer, President Marge Spencer, President 9/24/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marge Spencer	1.2 NAME	
STREET ADDRESS	849 Creekway Ct.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33511	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Tonn	2.2 NAME	
STREET ADDRESS	14480 N. Hwy. 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	Citra, FL 32113	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Tupper	3.2 NAME	
STREET ADDRESS	16 Lakepoint Cir.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach, FL 32124	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan P. Cosco	4.2 NAME	
STREET ADDRESS	5971 LaPinata Blvd. #C-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	Greenacres, FL 33463	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

**Singles Association of Florida, Inc.**  
SIGNATURE: by Marge Spencer President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/97** (813) 689-7552  
Date Daytime Phone #

CR2E037 (9/96)