FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

FILED											
May	11	1998	8:00am								
Sec	cret	ary of	State								

Change

Addition

Principal Place of Business Mailing Address											
RT 4. BOX 1235 PALATKA. FL. 92177 22177							3. Date incorporated or Qualified 04/17/1978				
1		321	,,,					4. FEI Number		LA	pptied For
								59-1847001		N	lot Applicable
2. Principal Place of Business 2a. Malling Address 21				5. Certificate of Status Desired					\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. 27		Suite, Apt. #, etc.	, etc.				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
City & Stat	9		City & State					7. Is this nonprofit corporation a ho	meowners !	associatic	on?
23		28	-						Yes 🗆		
Zip	Country	<u></u>	Zip		ıntry	<i>!</i>		8. This corporation owes or has pai	d the curre		
24	25]	29		30	,			Personal Property Tax due June			No
	9. Name and Address of Curr	our seeling	tered Agent		81	Name		10. Name and Address of New Reg	jistered Ag	ent	
0.000	504450 W 10					INAME					
GARRIS, EDWARD W. JR. 200 LINDA LANE					82	Street A	Addres	s (P.O. Box Number is Not Acceptab	le)		
	PALATKA FL 32177				83				·	-	
17.5	ATE GETT										
					84	City			FL	65 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 61	7.1508, Florida Statu	tes, the a	DOVE	e-named	corpor	ation submits this statement for the particles and of directors. I hereby accept	urpose of c	nanging l	ts registered
agent. I a	registered agent, or both, in the Star im familiar with, and accept the obli	gations of	ia. Such change was , Section 617.0503, Fi	autnorize Iorida Stat	a by lutes	y tne corp s.	oration	is board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE											
12.	Signature, typed or printed name of registered a OFFICERS A			TE: Registere	d Age	ent signature i	required	when reinstating)	DATE	DECTO	20 151 40
TITLE	PD OFFICERS A	NO DIREC	DELETE	117	TIE	— т	PD	ADDITIONS/CHANGES TO OFFIC		Change	AS IN 12 Addition
NAME	BRADLEY, REV ROBERT B		Deterio	1.2 N		ļ		RRIS, GREGORY		g Change	
STREET ADDRESS	RT 4, BOX 1235				-	ADDRESS		3. Box 2490			
CITY-ST-ZIP	PALATKA FL			.,		T-ZIP		LATKA, FL 32177			
TITLE	VD		DELETE	2.1 7			VD		IX.	J Change	XIX Addition
NAME	GARRIS, GREGORY		~	2.2 N				MAS TRUMBLE	_		
STREET ADDRESS	RT 3, BOX 2490			2.3 \$1	REET	ADDRESS	Rt	5, Box 6882			
CITY-ST-ZIP	PALATKA FL			2.40	ITY-S	ST-ZIP	PAL	ATKA, FL 32177			
TITLE	TD		DELETE	3.1 T/	TLE	Ī.	s/D			Change	K Addition
NAME	wood, richard L			3.2 N	ME			NEY M. BARCO			İ
STREET ADORESS	RT 1, BOX 183			3.3 S1	REET	ADDRESS	106	Sunset Strip Dr.			
CITY-ST-ZIP	INTERLACHEN FL			3.4. C	ITY-S	ST-ZIP	Hew:	thorne Fl 32640			
TITLE	S DOWN DATE		DELETE	4.1 TC						Change	Addition
NAME	BROWN, PATRICIA D			4.2 N							
STREET ADDRESS	P.O. BOX 455N/A					ADDRESS					
CITY-ST-ZIP	FLORAHOME FL		Decree	4.4 CI		T-ZIP				Lav	1 1 1 1 1 1 1 1
TITLE NAME			☐ DELETE	5.1 Ti					L.,	Change	Addition
mn#fC				■ 52 N/	UNE P	I					

6.4 CITY-ST-ZIP 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME