

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742945 (9)

1. Corporation Name
THE CENTRE, INC.



Principal Place of Business
**RT. 1, BOX 175
FABER VA 22938**

Mailing Address
**RT. 1, BOX 175
FABER VA 22938**

3. Date Incorporated or Qualified
06/01/1978

3a. Date of Last Report
04/06/1995

2. Principal Place of Business
21 62 Roberts Mt. Road

2a. Mailing Address
26 62 Roberts Mt. Road

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Faber VA

City & State
28 Faber VA

Zip
24 22938

Zip
29 22938

Country
25 USA

Country
30 USA

4. FEI Number
59-1824173

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHASICK, LAURIE M.
17980 GULF BLVD
#102
REDDINGTON SHORES FL 33708**

10. Name and Address of New Registered Agent

81 Name
Benjamin Stanley

82 Street Address (P.O. Box Number is Not Acceptable)
507 Charles Place

83

84 City
Brandon

85 Zip Code
FL 33511

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 *Benjamin Stanley* **Benjamin Stanley** **3-29-96**
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	CHASICK, LAURIE	
STREET ADDRESS	17980 GULF BLVD #102	
CITY - ST - ZIP	REDDINGTON SHORES FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CHASICK, LAURIE	
STREET ADDRESS	17980 GULF BLVD., #102	
CITY - ST - ZIP	REDDINGTON SHORES FL 33708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENN, CARLTON	
STREET ADDRESS	W. CORNWALL ST., BOX 471	
CITY - ST - ZIP	LEESBURG VA	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, RON	
STREET ADDRESS	RT 3 BOX 176A	
CITY - ST - ZIP	AMHERST VA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHREVES, JEANNE	
STREET ADDRESS	RT 1 BOX 79-D1	
CITY - ST - ZIP	LOVINGSTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chasick, Laurie Monroe	
1.3 STREET ADDRESS	62 Roberts Mt. Road	
1.4 CITY - ST - ZIP	Faber VA 22938	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shreves, Jeanne	
5.3 STREET ADDRESS	203 Perry Lane	
5.4 CITY - ST - ZIP	Lovington VA 22949	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Miller, Darlene	
6.3 STREET ADDRESS	1270 Roberts Mt. Road	
6.4 CITY - ST - ZIP	Faber VA 22938	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Laurie Monroe Chasick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Monroe Chasick 3/25/96 804/361-1500

Date

Daytime Phone #

CR2E037 (12/95)