
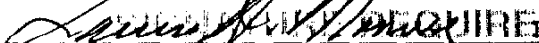


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 62 ROBERTS MT. ROAD FABER VA 22938 US		Mailing Address 62 ROBERTS MT. ROAD FABER VA 22938 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/01/1978		3a. Date of Last Report 04/16/1996	
4. FEI Number 59-1824173		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 BENJAMIN STANLEY 507 CHARLES PLACE 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 FL 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 _____ (NOTE: Registered Agent signature required when relistening)			
12. OFFICERS AND DIRECTORS			
TITLE	DPC	<input type="checkbox"/> DELETE	
NAME	CHASICK, LAURIE MONROE		
STREET ADDRESS	62 ROBERTS MT. ROAD		
CITY-ST-ZIP	FABER VA		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	PENN, CARLTON		
STREET ADDRESS	W. CORNWALL ST., BOX 471		
CITY-ST-ZIP	LEESBURG VA		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	SHREVES, JEANNE		
STREET ADDRESS	203 PERRY LANE		
CITY-ST-ZIP	LOVINGSTON VA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MILLER, DARLENE		
STREET ADDRESS	1270 ROBERTS MT. RD.		
CITY-ST-ZIP	FABER VA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	MONROE, LAURIE A.		
1.3 STREET ADDRESS	57 WOODPECKER WAY		
1.4 CITY-ST-ZIP	AFTON VA 22920		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	MILLER, DARLENE		
4.3 STREET ADDRESS	57 WOODPECKER WAY		
4.4 CITY-ST-ZIP	AFTON VA 22920		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	MONROE, EMMETT		
5.3 STREET ADDRESS	3041 OAKRIDGE DRIVE		
5.4 CITY-ST-ZIP	CUYAHOGA FALLS OH 44224		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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.			
SIGNATURE: 		804/361-1500 Daytime Phone # 0077149	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)