NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 742945

1. Corporation Name

THE CENTRE, INC.

Principal Place of Business									
62 ROBERTS MT. ROAD									
FABER VA 22938									
U\$									

Mailing Address

62 ROBERTS MT. ROAD FABER VA 22938

FILED May 06, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed					
21		26				06/01/1978					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number	ļ	Applied For			
22		27				59-1824173			Applicable		
City & State	9	City & State				5. Certifcate of Status Desired	-	Fee Rec	ditional		
23		28							·		
Zip	Country		Zip Cou			6. Election Campaign Financing		\$5.00 May Be Added to Fees			
24	25	29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent					Name						
					81 Name						
STANLEY, BENJAMIN				82 Street Address (P.O. Box Number is Not Acceptable)							
507 CHARLES PLACE					83						
BRANDO	N FL 33511			"							
				84	City		L 85	Zip C	ode		
						•		ing ite s	enistered		
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 Streature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistating) DATE											
40	Signature, typed or printed name of registered agent		(NOTE: Registered	Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIE	RECTOR	RS IN 12		
12.	OFFICERS AND	DELE		T1 C	$ \tau$	ADDITIONS/CHANGES TO CITICEIO		hange	Addition		
πτε		∑ pttr									
NAME	MONROE, LAURIE A.		1.2 N						ļ		
STREET ADDRESS	0. 1.000.				ADDRESS						
CITY-ST-ZIP	AFTON VA	☐ DELE		TY-S1	r-21P		П	hange	☐ Addition		
TITLE (ST	C DECE	1				٠ ب	niungo			
NAME	SHREVES, JEANNE		2.2 N			•					
STREET ADDRESS	7 200 1 21111				ADDRESS				• 1		
CITY-ST-ZIP	LOVINGSTON VA			ITY-S		lice President/Director		hange	K Addition		
TIFLE	ע ייי	☐ 9ELE			١ ٧	Tre Liesident/Director	<u>ب</u> ر	go	771, 100,000.1		
NAME	MILLER, DARLENE		3.2 N								
STREET ADDRESS	57 WOODPECKER WAY				ADDRESS						
CITY-ST-ZIP	AFTON VA	∏ DELE		TY-S	T-ZIP		<u></u>	hange	☐ Addition		
TITLE	D NÓMBOE EMMETT						٠.	manyo	- HOURS		
NAME .	MONROE, EMMETT		4. 2 N								
STREET ADORESS	3041 OAKRIDGE DR.				ADDRESS						
CITY-ST-ZIP	CUYAHOGA FALLS OH	<u> </u>		TY-S1		7.1		hange			
TITLE		☐ DELE				Vice President	Ц,	nially c	₹1 Modilion		
NAME			5.2 N			A.J. Honeycutt					
STREET ADDRESS						62 Roberts Mountain Road					
CITY-ST-ZIP		F(-		TY-SI		Faber VA 22938		haaaa	RT Addition		
TITLE		☐ DELE			1	Vice President		Change	Addition		
NAME			6.2 N			Mike Boles					
STREET ADDRESS			6.3 \$	TREET	ADDRESS I	PO Box 583					

6.4 CITY-ST-ZIP Nellysford VA 22958 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, with all other like empowered.

SIGNATURE: /

EQLAURIE A. Monroe

4/26/99 Date

804/361-1252

Daytime Phone #