SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 03 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation | IVILIVI on Name | # /4 | 31/4 | | (5) | | | | | | | | | | | |
|--------------------------------|--------------------|-----------------|-------------|-----------------------|---|-------------------|----------|--------------|--|------------------------------|-----------------|-------------|----------|-------------|-------------------------|--------------------------|
| SANFO | RD CHILD | DEVELOR | PMENT (| ORP | ORATION, INC. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Principal Place of Business | | | | M | ailing Address | - | | | | | | | | | | |
| 2509 YALE AVE | | | | P.O. BOX 5209 | | | | | | | | | | | | |
| SANFORD FL 32771 US | | | | SANFORD FL 32772-5209 | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| 00 | | | | | | | | | j | 3. Date Inco | orporated o | | | . Date of | f Last R | |
| | | | | | | | | | | · | 8/1978 | | | 05/0 |)1/199 | 96 |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | İ | 4. FEI Numl 50-1 | er 838837 | | | | | optied For |
| Suite, Apt. #, etc. | | | | Sulte, Apt. #, etc. | | | | | | 35 1 | 000001 | | | • | | ot Applicable Additional |
| 22 | | | | 27 | 27 | | | | | Certificat | e of Status | Desired | | 7 | 0.70 / Fee Re | |
| City & State | | | | Ē | City & State | | | | | 6. Election (| Campaign F | inancing | | 5 | 5.00 | May Be |
| 23 | | | | 28 | | | | | Trust Fun | d Contribut | ion | | | Added | | |
| Zip | | Country | | \vdash | Zìp | h | ıntry | | | 8. This corp | | | | | | |
| 24 | | 25 and Address | of Current | 29 Pegle | larad Anant | 30 | 1 | | i | Personal 10. Name ar | Property Te | | | Ye Ye | _ | _ No |
| | y, Italiio | una Haares | Or Ourrent | HONE | rateo vilatir | | 61 | Name | | 10, Name at | U AUGIESE | DI NOW | vefisie | red Agen | <u> </u> | |
| MIZE, MA | ARY M. | | | | | | 62 | | M | 128 | MAR | Y M | | | | |
| 2509 YALE AVENUE | | | | | | | Street A | Addres | ress (P.O. Box Number is Not Acceptable) | | | 1750.1 | DC. Oh | | | |
| | | | AW | | | | 83 | | -0-7 | W-014) | Contract of the | 150/ | -0311 | PPN | 10. | · |
| SANFOR | D FL 32771 | | | | | | 84 | Otto | | | | | | | | n |
| | | | | | | | | City O | 572 | 56N | | | F | FL 85 | 31 | Code 1764 |
| 11. Pursuant | to the provision | ons of Section | s 617.0502 | and 6 | 17.1508, Florida Stati la. Such change was | utes, the at | bove | -named | corpor | ation submits | this statem | ent for the | a purpos | se of char | nging it | s registered |
| agent. I a | m familiar wit | h, and accept | the obligat | ions of | Section 617.0503, F | lorida Stat | utes | | JOIDHO | is board or di | IOCIOIS. I II | steph acc | sept the | appointin | lent as | registered |
| SIGNATURE . | 100 | 1 M / | br' | M | ARX M. | MIZ | B | | | | | | · | | | |
| 12. | Signal July bed | printed name of | CERS AND | | | TE: Hegistered | d Ager | it signature | required | when reinstating) ADDITION: | SICHANGE | S TO OE | DAT | | ECTOR | C IN 10 |
| TITLE | PD | | OE110711D | DITTE | DELETÉ | 1.1 Tr | TLE | | | ADDITION | SOMANGE | 3 IO OF | ICERS | | Change | Addition |
| NAME | MIZE, MA | RY M. | | | | 1.2 NA | AME | | | | | | | | • | _ |
| STREET ADDRESS | 640 ENTE | RPRIZE-OST | EEN RD | | | 1.3 \$1 | REET A | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | OSTEEN | FL | 32769 | f | | 1.4 CI | TY-ST | - ZIP | | | | | | | | |
| TITLE | STD | | , | | ☐ DELETE | 2.1 TI | TLE | | | | | | | ☐ (| Change | Addition |
| NAME | | VERNON JR | | | | 2.2 NA | AME | | | | | | | | | |
| STREET ADDRESS | OSTEEN I | RPRIZE-OST | | | | 1 | | NODRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | D | <u></u> | 2764 | | ☐ DELETE | | ITY-S | I-ZIP | | | | | | | 0 | 1 1 4 4 4 2 2 |
| NAME | SELF, TAI | RA G | | | - Dectie | 3.1 T(1 3.2 NA | | | | | | | | L., (| Change | Addition |
| STREET ADDRESS | 208 RIDE | | | | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | FL 32773 | | | | 3.4. CI | | | | | | | | | | |
| TITLE | | | | | DELETE | 4.1 717 | | | | | ···· | | | | Change | Addition |
| NAME | | | | | | 4. 2 N | AME | | | | | | | | • | |
| STREET ADDRESS | | | | | | 4.3 ST | REET A | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | 4.4 CI | TY-ST | - ZIP | | | | | | | | |
| TITLE | • | | | | ☐ DELETE | 5.1 TIT | TLE. | - | | | | | | | Change | Addition |
| NAME | | | | | | 5.2 NA | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | | DELETE | 5.4 Ci | | - ZIP | | | | | | 17. | Than | # addst |
| NAME | | | | | ☐ berrit | 6.1 TIT 6.2 NA | | ľ | | | | | | Ц | Change | Addition |
| STREET ADDRESS | | | | | | | | DDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | NCEL P | | | | | | | | | |

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. AL SIGNATURE DEMAUDING