FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT #

746167

(6)

Principal Place 1209 44TH AV BRADENTON	/ENUE EAST	Mailing Address 1209 44TH AVENUE EA	ST				
					3. Date Incorporated or Qualified 03/07/1979	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 59-2221418	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27 City & State City & State			<u> </u>		6. Election Campaign Financing	\$5.00 May Be	
Zip	Zip Country Zip		Country	Country 8. This corporation has liability for intangible to		ntangible tax under s. 199.032,	
24	25 29 30		30		Florida Statutes Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Re	agistered Agent	
			81	Name			
GLASGOW, MICHAEL			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
1209 44TH AVENUE EAST			83				
BRADENTON FL 34203							
			84	City		FL 85 Zip Code	
11 Purcuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statut	es, the above-r	amed corpora	ation submits this statement for the purp	pose of changing its registered office	
or register	ed agent, or both, in the State of Floric	da. Such change was authoriz	ed by the corp	oration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as registered agent. I am	
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes	5.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agen	t signature required		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETE	1.1 TITLE			Change Addition	
NAME	CONLIN, RICHARD C		1.2 NAME				
STREET ADDRESS	TESS 1 1245 11111 11 III III III III III III III I		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-S	T-ZIP			
TITLE	VPD	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	GLASGOW, MICHAEL S		2.2 NAME				
STREET ADDRESS	1209 44TH AVENUE EAST		23 STREET	ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203		2.4 CITY -		1885	500 A 4456	
TITLE	STD	DELETE	3.1 TITLE	1	D	Change Addition	
NAME	ABBS, MARY JANE		3.2 NAME				
STREET ADDRESS	1209 44TH AVENUE EAST		3.3 STREET	ADORESS			
DITY-ST-ZIP	BRADENTON FL 34203		3.4. CITY -			Change Z Addition	
TITLE		DELETE	4.1 TITLE			Clarige (2) Addition	
NAME			4. 2 NAME	'	Dakes, L W		
STREET ADDRESS			4.3 STREET	ADDRESS 4	1005 62nd St East	00 ((57	
CITY-ST-ZIP			4.4 CITY - S	IT-ZIP ' E	Bradenton, FL 3420	D8-6657 □ Change □ Addition	
TITLE		DELETE	5.1 TITLE			☐ cirquige ☐ Abdittott	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		Change Addition	
TITLE	1	□DELETE	6.1 TITLE	1		CONTRACTOR CONTROLL	

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 certify that I am an officer of director of the corporation of 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 in stanged, or on ary attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

L.W. Oakes, Secretary SIGNATURE: SIGNATURE NO TYPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-756-8727

Daytime Phone #