

# 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 # **746611** (3)  
1. Corporation Name  
**NATIONAL MARRIAGE ENCOUNTER OF FLORIDA, INC.**



Principal Place of Business  
**1711 FOLLOWTHRU ROAD N.  
ST. PETERSBURG FL 33710**

Mailing Address  
**1711 FOLLOWTHRU ROAD N.  
ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified  
**04/04/1979**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business  
21 **5400 Bates Street**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Seminole FL**  
Zip  
24 **34642**

2a. Mailing Address  
25 **5400 Bates Street**  
Suite, Apt. #, etc.  
26  
City & State  
27 **Seminole FL**  
Zip  
28 **34642**

Country  
29 **Pinellas**

4. FEI Number  
**59-2104799**

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  
**KOENIG, ALAN R  
1711 FOLLOWTHRU RD  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent  
81 Name **Sousa, Larry**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5400 Bates Street**  
83  
84 City **Seminole** FL 85 Zip Code **34642**

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 *Leo Clark* **Leo Clark** Treasurer **3-01-96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MASI, BILL	4000 25 AVENUE N	ST PETERSBURG FL	
VPD	MASI, DONNA	4000 25 AVE N	ST PETERSBURG FL	
TRD	CLARK, LEO	8279 134ST ST. N.	SEMINOLE FL	
SD	CLARK, BRENDA	8279 134ST ST. N.	SEMINOLE FL	
PD	SOUSA, LARRY	5400 BATES STREET	SEMINOLE FL	
VPD	SOUSA, SUSAN	5400 BATES STREET	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leo Clark* **Leo Clark** TRD **3-01-96** **813.391.3322**  
Date Daytime Phone #

CR2E037 (12/95)