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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746854** (9)

1. Corporation Name

SPIRIT OF THE 50'S, INC.

Principal Place of Business	Mailing Address
6680 MAGNOLIA LN FT MYERS FL 33912 US	6680 MAGNOLIA LN FT MYERS FL 33912 US

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **3606 East 23rd Street**

26 **3606 East 23rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Alva, FL**

28 **Alva, FL**

Zip

Country

Zip

Country

24 **33920**

25 **Lee**

29 **33920**

30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, RONALD
6680 MAGNOLIA LN
FT MYERS FL 33912

81 Name

Alan L. Andrews

82 Street Address (P.O. Box Number is Not Acceptable)

3606 East 23rd Street

83

84 City

Alva

FL

85 Zip Code

33920

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

January 19, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **LAWLER, EDWARD**

STREET ADDRESS **12983 IONA RD**

CITY-ST-ZIP **FT. MYERS FL**

TITLE **PD** ☐ DELETE

NAME **SMITH, LARRY J.**

STREET ADDRESS **137 PLACID DR**

CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☒ DELETE

NAME **EISERMANN, BRUCE**

STREET ADDRESS **13036 3 ST SE**

CITY-ST-ZIP **FORT MYERS FL**

TITLE **TD** ☐ DELETE

NAME **MANGUS, DENISE**

STREET ADDRESS **PO BOX 7523 N/A**

CITY-ST-ZIP **FT MYERS FL**

TITLE **SD** ☒ DELETE

NAME **BROWN, RON**

STREET ADDRESS **6680 MAGNOLIA LANE**

CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33908

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33919

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD
Andrews, Alan L.
3606 East 23rd Street
Alva, FL 33920

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SD
Walters, Coral
2431 Valpraiso Blvd.
North Fort Myers, FL 33917

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **ALAN L. ANDREWS** **JAN. 19, 1998** **(941) 728-3621**

CR2E037 (10/97)