FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

NC.							
Principal Plac	e of Business	Mailing Addr	ess			r regitt saam gross 1986t stans galti 1980 brent Andri Graft britit diet f	
% 700 CENTER ROAD VENICE FL 34292		% 700 CENTER ROAD VENICE FL 34292				3. Date Incorporated or Qualified 05/08/1979	
						4. FEI Number Applied For	
A 51 1 15	 	1 6 1 10 1				59-2045047 Not Applicable	
21	lace of Business	2a. Mailing A			<u>.</u>	5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes ☐ No	
		Zip	_	Country		8. This corporation owes or has paid the current year Intangible	
24		[29]	30	<u> </u>		Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Curi	rent Hegistered Age	nt	81	Name	10. Name and Address of New Registered Agent	
4015101	AL DELDAGE			*`	INDITIO		
	3NATURE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
VENICE	FL 34292			83			
				84	City	FL 85 Zip Code	
11. Pursuant i	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	0502 and 617.1508, Flate of Florida. Such al	lorida Statutes, hange was auth 17.0503. Florid	the above orized by a Statutes	named co	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
		.,.					
Old HATTOTIE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Re	olstered Age	ni signalure rec	equired when reinstating) DATE	
12,		AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/T		DELETE	1.1 TITLE		Change	
NAME	JENNINGS, JOANNE			1.2 NAME			
STREET ADDRESS	601 ALHAMBRA RD			1.3 STREET			
CITY-ST-ZIP	VENICE FL		DELETE	1.4 CITY-S	r-ZIP	☐ Change ☐ Addition	
TITLE	D/S	L	DELETE	21 TITLE	1	Carcustide — Taxodition	
NAME	TUTCHER, SHERRIE 1708 BANYAN DR			2.2 NAME			
STREET ADDRESS				2.3 STREET			
CITY-ST-ZIP TITLE	VENICE FL D/P	—————	DELETE	2.4 CITY-S 3.1 TITLE	1 - ZIP	Change Addition	
NAME	JOHNSON, BRIDGET	_	Detert	3.2 NAME		Crange Line Production	
STREET ADDRESS	1008 MYRTLE AVENUE			3.3 STREET	ADDRESS		
CITY-ST-ZIP	VENICE FL			3.4. CITY-S	- 1		
TITLE	DN		DELETE	4.1 TITLE	1-211	☐ Change ☐ Addition	
NAME	LEE, LOIS	_		4.2 NAME	- 1		
STREET ADDRESS	1687 E MANASOTA BEACH	+ RD		4.3 STREET	ADORESS		
Offy-ST-ZIP	ENGLEWOOD FL			4.4 CITY - S			
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME	1	•	
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S			
TITLE	<u> </u>		DELETE	6.1 TITLE			
NAME		-		0., , , , , , , , , , , , , , , , , , ,		☐ Change ☐ Addition	
TRAME			, , , , , , , , , , , , , , , , , , , ,	6.2 NAME		Change Addition	
STREET ADDRESS					ADDRESS	☐ 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)(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.

SIGNATURE: OUTUN