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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortharn Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: And

DOCUMENT # 747511

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ANTIOCH PROPERTIES, INC.				(1881) (1881) (1881) (1881) (1881) (1881) (1881)	 	il ala ri siani iral
rincipal Plac	e of Business	Mailing Address				
	INTRY CLUB DR L 32808-4486	% 3850 COUNTRY				
				3. Date Incorporated or Qua 06/05/1979	alified 3a. Date of Les	
. Principal P	flace of Business	2a. Mailing Address		4. FEI Number	1 00,01,7	Applied For
Suito Ant	# oto	26		59-2216026		Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desir		5 Additional Required
City & Stat	0	City & State		6. Election Campaign Finance		00 May Be
		28		Trust Fund Contribution	, [-] 40 1.	ed to Fees
Zip	Country	Zip	Country	8. This corporation has liabil		
	9. Name and Address of Currer	29	[30]	Florida Statutes	☐ Yes ☐ No	
	9. Isame and Address of Cultar	it negistered Agent	81 Name	10. Name and Address of I	New Registered Agent	
DEV W	LIAM D. HIDOE		81 Name	•		
REV. WILLIAM D. JUDGE 1718 WEST GRAND AVENUE			82 Stree	Address (P.O. Box Number is Not Acc	ceptable)	
	10 FL 32805		83			
UNDAME	O FL 32005		83			
			84 City		85 Z	ip Code
Dimensional	to the provisions of Sections 617 0502	and 617 1508 Florida Stat.	itos the above parmed	1. 16 41		•
. Pursuant	10 Provide of Coot of a Coot	and on a ronga Statt	ites, the above-named of	corporation submits this statement for the	the purpose of changing its	registered off
or register	red agent or both, in the State of Florid	pa. Such change wastauthor	Zeo by the corporation.			
or register familiar wi	red agent or both, in the State of Flori th, and accept the obligations of Sect	oa. Such change was author ion 617.0803, Florida Statut	is. S. O O O O O O O O O O O O O	s board of directors. Thereby accept th	appointment as registerer	
or register familiar wi	to the provisions of Sections 617.0502 red again or both, in the State of Florie th, and occept the obligations of Sect	~ D-HU		1-2	4-96	
or register familiar wi	Signature, typed or printed name of registered agent	and title if applicable	IOTE: Registered Agent signature	required when reinstating)	4-96 DATE	
NATURE .	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable D DIRECTORS	KOTE: Registered Agent signature 13.	required when reinstating)	4-96 DATE O OFFICERS AND DIRECTO	DRS IN 12
NATURE.	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable	KOTE: Registered Agent signature 13. 1.1 TITLE	required when reinstating)	4-96 DATE	DRS IN 12
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