## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

# 749835

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7498
THE RHYTHM LOVERS, INC.

(5)

Mailing Address

2801 E. OLIVE ROAD P.O. BOX 17293 PENSACOLA FL 32522

Principal Place of Business

2801 E. OLIVE ROAD P.O. BOX 17293 PENSACOLA EL 32522-7283 FILED Mar 14 1997 8:00am Secretary of State

I ENGROVER I I				Z3ZZ*1Z83							
PENSACOLA FL 32522			PENSACOLA FL 32522-7293				3. Date incorporated or Qualified 11/19/1979	11/19/1979 02/16/1			
2. Principal Pl	ace of Busin	ess	2a. Mailing Addre	ess			4. FEI Number	-4	Ar	plied For	
21			26			NOT APPLICABLE	NOT APPLICABLE				
Suite, Apt. #, etc.			Suite, Apt. #, a	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	<del></del>		City & State				6. Election Campaign Financing	····	\$5.00	May Ra	
23			28				Trust Fund Contribution			to Fees	
Zip 24	<u>.</u>	Country 25	Zip .	30	Country	,	This corporation has liability for in Florida Statutes		tax under s ] No	. 199.032,	
[24]		_~_	ent Registered Agent	[30]	-		10. Name and Address of New Re				
	<u> </u>			,	81	Name		<del></del>	T		
LANKEO	RD, JON C	;			82	Street A	Address (P.O. Box Number is Not Acceptab	le)	<del> </del>		
2855 N MAGNOLIA AVE											
PENSAC	OLA FL 32	2503			83						
					84	City		FL	<b>85</b> Zip	Code	
11. Pursuant to office or reagent. I as SIGNATURE	to the provisi egistered ag m familiar wit	ons of Sections 617.09 ent, or both, in the Sta th, and accept the obli	502 and 617.1508, Florid le of Florida. Such chang igations of, Section 617.0	la Statutes, the ge was authori 0503, Florida S	abovi zed by statute:	e-named of the corp s.	corporation submits this statement for the poration's board of directors. I hereby acceptions	ourpose of of the app	changing it pintment as	s registered registered	
OIGHATORE _	Signature, typed	or printed name of registered a		(NOTE: Regist	ered Ag	ent signature i	required when reinstating)	DATE			
12.		OFFICERS A	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC				
TITLE	D		XX DEL	LETE 1.	1 TITLE		D		Change	☐ Addition	
NAME		K, LOVEY B.		1.3	2 NAME		EKSTROM, BESS				
STREET ADDRESS	2801 FA	NST OLIVE RD.		1.1	2 STREET	ADDRESS	3221 W. JACKSON STREET	١			
					OUTILL	THE CONTROL					
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4. I do 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.