

FILE NOW: FILING FEE IS \$61.25 .

FILED
May 07 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 749 835
1. Corporation Name
THE RHYTHM LOVERS INC.

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| Principal Place of Business 2801 E. OLIVE ROAD P.O. BOX 17293 PENSACOLA, FL 32522 | Mailing Address 2801 E. OLIVE ROAD P.O. BOX 17293 PENSACOLA, FL 32522 |
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|---|--|
| 2. Principal Place of Business 21 2840 VALKYRY WAY Suite, Apt. #, etc. 22 P.O. BOX 17293 City & State 23 CANTONMENT, FL Zip 24 32533 | 2a. Mailing Address 26 2840 VALKYRY WAY Suite, Apt. #, etc. 27 P.O. BOX 17293 City & State 28 CANTONMENT, FL Zip 29 32533 |
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9. Name and Address of Current Registered Agent
**LANKFORD, JON C.
2855 N MAGNOLIA AVE
PENSACOLA, FL 32503**

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|---|
| 3. Date Incorporated or Qualified 11/19/1979 |
| 4. FEI Number NOT APPLICABLE |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

10. Name and Address of New Registered Agent
81 Name **HERMAN K. BRAY**
82 Street Address (P.O. Box Number is Not Acceptable)
2840 VALKYRY WAY
83
84 City **CANTONMENT** FL 85 Zip Code **32533**

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 **HERMAN K. BRAY - TREASURER** *Herman K. Bray* **4-20-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ED S. GOTHARD 4045 COLLINGSWOOD RD PENSACOLA, FL 32514 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD ED S. GOTHARD 4045 COLLINGSWOOD RD PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RON JOSH 3309 MARCUS POINTE BLVD PENSACOLA, FL 32505 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VP CAROLYN THOMAS 2802 PINE RIDGE DRIVE LILLIAN, AL 32549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BESS EKSTROM 3221 W. JACKSON ST PENSACOLA, FL 32505 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | SD BESS EKSTROM 3221 W. JACKSON ST PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JON C. LANKFORD 2855 NORTH MAGNOLIA AVE PENSACOLA, FL 32503 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TD HERMAN K. BRAY 2840 VALKYRY WAY CANTONMENT, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200002518202 -05/11/98--01025--024 ***61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 025/7 |

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: *Herman K. Bray* **HERMAN K. BRAY** **4-20-98** **(850) 969-1322**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)