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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997 **DOCUMENT # 754418** DIVISION OF CORPORATIONS

(2)

FILED Mar 12 1997 8:00am Secretary of State

Principal Pla 8 GULF BREE RAWFORDVII		Mailing Address 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327-			
				3. Date Incorporated or Qualified 09/20/1980	3a. Date of Last Report 10/21/1996
— ,	Place of Business	2a. Mailing Address		4. FEI Number 59-2928401	Applied For
Suite, Ap	t #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & St	ata	City & State			Fee Required
3	alo	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _i p	Country	Zip	Country	8. This corporation has liability for inte	
4	25 9. Name and Address of Curre	29 29 Anent	30	Florida Statutes 10, Name and Address of New Regit	Yes No
	g. Hame and Address of Confe	pitt Hogisteran Marit	81 Name	TO, Claims and Address of New York	elected Ageill
KINNER	REW TN		20 0		
KINNEBREW, T.N. 18 GULF BREEZE CT.		82 Street A		idress (P.O. Box Number is Not Acceptable)	
	ORDVILLE FL 32327		83		
			84 City		85 Zip Code
					FL
		igations of, Section 617.0503, Fig	orida Statutes.	poration submits this statement for the puration's board of directors. I hereby accept (ino appointment as regions su
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	rigent and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12
BIGNATURE 2. IILE	Stgrature, typed or printed name of registered a OFFICERS A	igent and title if applicable. (NOTE	E: Registered Agent signature required 13.	uired when reinstaling) ADDITIONS/CHANGES TO OFFICEI D	DATE RS AND DIRECTORS IN 12 Change
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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 of that green, or on an attachment with an address.