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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760391 (3)

1. Corporation Name  
CREATIVE CRAFT CO-OP, INC.



Principal Place of Business: 5855 TALLOWOOD CIR SW FT MYERS FL 33919 US  
Mailing Address: 5855 TALLOWOOD CIR SW FT MYERS FL 33919-3466 US

3. Date Incorporated or Qualified: 10/13/1981  
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0043241	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, V.C. 5855 TALLOWOOD CIRCLE FT. MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: W.C. Foster (V.C. Foster) TREASURER DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, ROBERT	1.2 NAME	
STREET ADDRESS	16209 ASHBORO CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, V.C.	2.2 NAME	
STREET ADDRESS	5855 TALLOWOOD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, CLEON	3.2 NAME	
STREET ADDRESS	144 EVERGREEN SWAN LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. LAUDERDALE FL 33917	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPTENBERG, CLAUDIA	4.2 NAME	
STREET ADDRESS	19149 INDIANWELLS COURT NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. LAUDERDALE FL 33903	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BILL	5.2 NAME	
STREET ADDRESS	4391 23RD PLACE SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSLY, IRMA	6.2 NAME	
STREET ADDRESS	2329 QUEENS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: W.C. Foster (V.C. Foster) TREASURER DATE: 1/27/97  
Signature, typed or printed name of signing officer or director

CR2E037 (9/96)