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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

760485

(3)

HER ECONOR DECEMBER FOUNDATION INC

	HUES HESEF								
rincipal Place o	of Business		Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2468 N OCEAN SHORE BLVD - <del>84 COLECHESTER LANE</del> BEVERLY BCH FL FL 32136 US			94 COLECHESTER LN 94 COLECHESTER LANE PALM COAST FL 32137 US						
						3. Date Incorporated or Qualified 10/19/1981	3a. Date of Last 05/01/19		
. Principal Plac	on of Business		2a. Mailing Address			4. FEI Number	1	Applied For	
	N. CLEA	ELVP.	26			59-2186330	1	Not Applicable	
Suite, Apt. #,		70 2 112	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
Ct. 9 Ctata			Orty & State			6. Election Campaign Financing		0 May Be	
City & State	. المعادل	FL. 32186	28			Trust Fund Contribution	1 1	to Fees	
Zib SEALES		ountry	Zip	Cou	intry	8. This corporation has liability for	intangible tax under s.	199.032,	
3213	. —	NITED STATES	.⊢¬ `	30		Florida Statutes	☐ Yes X No		
1 0000		ddress of Current				10. Name and Address of New F	Registered Agent		
					81 Name				
SHORE, F	FRANK				82 Street Add	ress (P.O. Box Number is Not Acceptat	ble)		
94 COLECHESTER LANE						<u>'</u>			
	AST FL 32037				83				
					84 City		85 Zi	o Code	
					'	ration submits this statement for the pu	FL   "   '		
or registere familiar with	ad agent or both i	obligations of, Section	n 617.0503, Florida Statut	tes.					
or registere familiar with SIGNATURE	ed agent, or both, in, and accept the o	obligations of, Section ranke of registered agent a OFFICERS AND	in 617,0503, Florida Statut etitle Lapplicable DIRECTORS	NOTE Registered	s Agent signature require	so when reinstating: ADDITIONS/CHANGES 10 OFF			
or registere familiar with SIGNATUREs 12.	ed agent, or both, n, and accept the objective signature, typed or printer	obligations of, Section in ame of registered agent a OFFICERS AND	n 617.0503, Florida Statut	tNOTE: Registered	: Agent signature require			DRS IN 12	
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or registere familiar with SIGNATURE	po Signature, Typed or printed PO SHORE, FRAI 94 COLECHE PALM COAST	name of registered agent a OFFICERS AND NK STER LANE	n 617.0503, Florida Statul el title 1 applicable  DIRECTORS	NOTE Registeres  13. 111 12N 13S	: Agent signalure require ITLE IAME IREET ADDRESS ITY-SI-ZIP		FIGERS AND DIRECTO	Addition	
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or registere familiar with SIGNATURE	PD SHORE, FRA 94 COLECHE PALM COAST STD SHORE, SYL 94 COLECHE PALM COAST VD	OFFICERS AND  NK STER LANE T, FL 00000  AA STER LANE TFL	n 617.0503, Florida Statul el title 1 applicable  DIRECTORS	13. 11.1 12.N 13.5 14.0 21.1 22.N 23.5 24.0	: Agent signature require  ITLE  IAME  IRRE1 ADORESS  ITY-S1-ZIP  ITLE  IAME  ITRE1 ADDRESS  CITY-S7-ZIP	ADDITIONS/CHANGES TO OFF	FIGERS AND DIRECTO	☐ Addition	
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SIGNATURE: SIGNATURE AND TYPED OR PRINZED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK SHORE

4/29/96 904 439-3552 Dupling Proper