COMPORTION ANNUAL REPORT Secretary of State 1997 DISION OF CORPORATIONS OCUMEENT # 763169 (O) NORTH-SIDE CHRISTIAN CHURCH, INC. Image: state st	CORPORATION ANNUAL REPORT Exarchery of bindin DVISION OF CORPORATIONS Secretary of State OCUMENT # 763169 (0) NORTHSDE CHRISTIAN CHURCH. INC. Image: Comparison of the comparison		FILE NO	W: FILING FE	EE IS \$61.25	i		LED	
ANNUAL REPORT Screeny of State DWSCH OF CORPORTIONS SCREENT # 763169 (0) NORTH-SIDE CHRISTIAN CHURCH, INC. Creation human Crea	ANNUAL REPORT Sectors of the DWISKON OF CORPORATIONS DURING OF CORPO						-		
NORTHSUE CHRISTIAN CHURCH. INC. Incy of Business Maling Address Precodel Plus Stave B Sta Pate Stave B Precodel Plus Stave B Stave Const. PL 3959-23283 Precodel Plus Stave B Stave B Precodel Plus Stave B Precode Plus Stave B Precodel Plus Stave B Precode Plus Stave B Precode Plus Stave B Precod	NORTH-SIDE CHRISTIAN CHURCH, INC. Cipul Place of Business Maling Address Res BAAD D Star Place BLAD DD CORE IT, 19809 Star Place CORL IT, 19809-200 Propint Place of Business Ist. Place BLAD DD CUE CORL IT, 19809 Star Place CORL IT, 19809 CUE CORL IT, 19809 Star Place CORL IT, 19809 CUE CORL IT, 19809 Star Place CORL IT, 19809 CUE CORL IT, 19809 Star Place CORL IT, 19809 CUE CORL IT, 19809 Star Place CORL IT, 19809 CUE CORL IT, 19809 Star Place CORL IT, 19809 EVER.Y, WILLIAM 198 129 Start Address of Corrent Plaquet Corporation schools the Res Res Res Res Res Res Res Res Res Re	ANNU	Jal Report		Secreta	ry of State	Secreta	ry of S	tate
Proper Place of Business Maining Address Pre Caval, Pt. 3509 Solar Difference of Business Pre Caval, Pt. 3509 Solar Difference of Business Pre Caval, Pt. 3509 Solar Difference of Business Pre Caval, Pt. 3509 Solar Difference Pre Caval, Pt. 3509 Solar Difference Pre Caval, Pt. 3509 Pre	Cipal Place of Business Adding Address Per EUAD 0 CAPE COAL PL 53509 Store CoAL PL 53509 CAPE COAL PL 5350 CAPE COAL PL 53509 CAPE COAL PL 5350 CAPE C)OCUI Corporatio		63169	(0)				
Process Field Process	Pare EAUD DB CAPE CORNL FL 3900-2539			CHURCH, INC.) ((UA) HE HEALE BUILDE HUNDE HURDE OUTUE (ICIR ANDRI ANNIR ANNI ANNI A	III AIUU IIII
File CORAL FL Stop CAPE CORAL FL Stops/SS9 Date Inconcented of Counting Date Inconcented of Counting Inconcented and Counting Inconcented Agent Date Inconcented of Counting Inconcented Agent		incipal Plac	e of Business	Maili	ing Address				
Characteristic Control	OS(07/1692 Q2(07/1692 Analog Address 4. Hell whole Salo, Apr. #, etc. 5. Bulls, Apl. #, etc. Salo, Apr. #, etc. 5. Bulls, Apl. #, etc. Salo, Apr. #, etc. 5. Centricato of Stacus Desired IX Salo, Apr. #, etc. 5. During the family Salo, Apr. #, etc. 5. Centricato of Stacus Desired IX Salo, Apr. #, etc. 5. During the family Salo the family 5. During the family Salo the family 2p. Country Salo the family 5. During the family Salo the family application the family the fami					59			
Suite 20 Sep 2202378 Itol Applicable City & State 21 Suite, Apl. P. etc. 2 Contribute of Status Destrict X St.75 Additional For Applicable City & State City & State City & State St.000, Apl. P. etc. St.000, Apl	Sale: Apl. #, etc. Sole, Apl. #,						3. Date Incorporated or Qualified 05/07/1982	3a. Date of Last R 02/07/19	eport 96
Suito Apt #, etc 2004, AP, # etc. 27 Suito Apt #, etc 27 Country 27 Country 28 Country 2	Suite. Apr. #, etc	Principal P	Place of Business		Aailing Address				
City & State City & Country Zip Zip Country Zi	2hy & State City & State 6. Election Campuing Financing \$5.00 May Sec 7p 2ip Country 2ip Country 1. This corporation has fability for inangible tax dones 1. 190.022, Finded Statutes > Mana and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 91 Name 1.0. Name and Address of Current Registered Agent 91 Name 0.0. Name and Address of Current Registered Agent 92 Street Address of New Registered Agent 92 Street Address (P.O. Box Number is Not Acceptable) 92 Street Address (P.O. Box Number is Not Acceptable) 92 Street Address (P.O. Box Number is Not Acceptable) 92 Street Address (P.O. Box Number is Not Acceptable) 92 Street Address (P.O. Box Number is Not Acceptable) 93 92 Street Address (P.O. Box Number is Not Acceptable) 93	Suito, Apt.	#, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		
Zip Zip Country Zip Country B. This corporation has liability for intengible tax under a 190.032, Pionde Statutes	Cp Country 2/p 2/p Country 2/p	City & Stat	6		City & State		,		
EVERLY, WILLIAM 129 SE 10111 TERR CAPE CORAL FL 33990 Image: Street Address (P.O. Box Number is Not Acceptable) Fursuant to the provisions of Sections 617 0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing as registered agent. J obtained agent. J obtained submits and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing as registered agent. J obtained agent	EVERLY, WILLIAM 129 SE 10TH TERR CAPE CORAL FL 33990 Imme Imme EVERLY, WILLIAM 129 SE 10TH TERR CAPE CORAL FL 33990 Imme Imme Imme EVERLY, WILLIAM 129 SE 10TH TERR CAPE CORAL FL 33990 Imme Imme Imme EVERLY, WILLIAM CAPE CORAL FL 33990 Imme Imme Imme Imme EVERLY, WILLIAM CAPE CORAL FL 33990 Imme Imme Imme Imme Imme EVERLY, WILLIAM CAPE CORAL FL 13990 Imme <	Zıp	25	29		·	8. This corporation has liability for In Florida Statutes	ntangible tax under s. Yes 🔀 No	·····
129 SE 10TH TERR CAPE CORAL FL 33990 63	129 SE 10TH TERR CAPE CORAL FL 33990 Image: Core of the composition of the statement for the purpose of changing its registered agent, and its with an advected the composition's board of directors. Thereby accept the appointment as registered agent, and its with and accept the obligations of Section 8TG 505. Fichod Statutes. Its electronic to both, in the State of Poricia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and its with and accept the obligations of Section 8TG 505. Fichod Statutes. NATURE Image:		9. Name and Addres	a of Current Registe	red Agent	61 Name	10. Name and Address of New Hey	pistered Agent	<u> </u>
CAPE CORAL FL 33990 69 Fursuant to the provisions of Sections 617 0502 and 617.1508. Forda Statutes, the above-named corporation sourch of the purpose of changing its registered agent. Lam tamiliar with, and accept the obligations of, Section 617.0503. Forda Statutes, the above-named corporation's board of directors. I hereby accept the spontment as registered agent. Lam tamiliar with, and accept the obligations of, Section 617.0503. Forda Statutes, the above-named corporation's board of directors. I hereby accept the spontment as registered agent. Lam tamiliar with, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligation and registered agent. Lam tamiliar with and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligations of, Section 617.0503. Forda Statutes, and accept the obligation of, Section 617.0503. Forda Statutes, and accept the obligation of addition and accept the obligations of the obligation of addition and accept the obligation of addition and accept the obligatis and accept the obligation of addition and accept the obligation	CAPE CORAL FL 33990 84 City FL 85 Zip Code Fursuant to the provisions of Sections 617,1502 and 617,1508, Forida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both desponitions of, Section 617,0502, Forida Statutes, the above named corporation submits this statement for the approximation as registered agent, or both desponitions of, Section 617,0502, Forida Statutes, Teace of directors. I hereby accept the appointment as registered agent of under the approximation agent and the statement of under the approximation agent agent and the statement agent agent agent and the statement agent age					82 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
PL	Pursuant to the provisions of Socions 617 0502 and 617 1508. Florida Statules, the above-named corporation submits this statement for the purpose of charging its registered agent. I and tarking with, and accept the obligations of, Socion 617 0503, Porida Statules.					63			
agent. 1 am familiar with, and accept the obligations of, Soction 617.0503. Florida Statutes. SNATURE Signature frame of premier agent agent and the 4 applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITION TO THE PROMISION SUPPLIES TO OFFICE AND ADDITIONS ADDITIONS/CHANGES AND ADDITIONS/CHANGES AND ADDITIONS/CHANGES AND ADDITIONS/CHANGES AND ADDITIONS/CHANGES AND ADDITION ADDITIONS/CHANGES AND ADDITION ADDITIONS/CH	agent Lam familiar with, and accept the obligations of, Section 617.0503. Florida Statutes. NATURE Segmet were dregeneed agent and the approach in a specialize (NOTE Regeneed agent signature required when rendeting) OFFICERS AND DIRECTORS I. THE AADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITUE HAMPTON, TERRY L HAMPTON,					84 City		FL 85 Zip C	Code
E T Change Addition Change Chan	T DELETE 1.1 TITLE Change Addition ET ADDRESS 17760 WELLSWOOD RD 13 STREET ADDRESS 14 CITY-ST-2P Change Addition ST-2P FT. MYERS FL DELETE 21 TITLE Change Addition PD DELETE 21 TITLE Change Addition FT AUDRESS 1726 SW 10TH PL 23 STREET ADDRESS CAPE CORAL FL 24 CITY-ST-2P ST-2P CAPE CORAL FL 24 CITY-ST-2P Change Addition ST-2P CAPE CORAL FL 24 CITY-ST-2P Change Addition ST-2P CAPE CORAL FL 24 CITY-ST-2P Change Addition ST-2P CAPE CORAL FL 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS ST-2P CAPE CORAL FL 34 CITY-ST-2P Change Addition ST-2P DS DELETE 41 TITLE Change Addition ST-2P CAPE CORAL FL 34 CITY-ST-2P Change Addition ST-2P DELETE 33 STREET ADDRESS ST-2P Change Addition ST-2P DELETE	office or r	registered agent, or both,	in the State of Florida	. Such change was a				
EEI ADDRESS 17760 WELLSWOOD RD 13 STREET ADDRESS F.T. MYERS FL 14 CITY-ST-ZIP E PD DELETE 21 TITLE # LARUE, MARK 22 NAME #ET ADDRESS 1726 SW 10TH PL 23 STREET ADDRESS fr:ST-ZIP CAPE CORAL FL 24 CITY-ST-ZIP E DV DELETE 31 TITLE VE CHALFANT, DAVID 32 NAME S3 ST SE 3TH STREET 33 STREET ADDRESS V-ST-ZIP CAPE CORAL FL 33 STREET ADDRESS V-ST-ZIP 34 CITY-ST-ZIP E DV DELETE S3 ST SE 3TH STREET 33 STREET ADDRESS V-ST-ZIP 34 CITY-ST-ZIP E DS CAPE CORAL FL E DELETE 41 TITLE CAPE CORAL FL 34 CITY-ST-ZIP Ket HANSEN, TRACY R 42 NAME FF1 ADDRESS TARO HARES Y-ST-ZIP ACTY-ST-ZIP Ket DELETE 51 TITLE Ket ADDRESS S3 STREET ADDRESS Y-ST-ZIP S3 STREET ADDRESS Y-ST-ZIP	E1 ADDRESS 17760 WELLSWOOD RD 13 STREET ADDRESS SI: 7/P FT. MYERS FL 14 CITY-ST-7P PD DELETE 21 TITLE PD DELETE 21 TITLE CAPE CORAL FL 22 STREET ADDRESS SI: 7/P CAPE CORAL FL 2.4 CITY-ST-7P C CAPE CORAL FL 2.4 CITY-ST-7P C DV DELETE 31 TITLE SI: 7/P CAPE CORAL FL 2.4 CITY-ST-7P C DV DELETE 31 TITLE CHALFANT, DAVID S2 WAWE 33 STREET ADDRESS S33 SE 34TH STREET 33 STREET ADDRESS 33 STREET ADDRESS S33 SE 34TH STREET 33 STREET ADDRESS 33 STREET ADDRESS S1: 7/P CAPE CORAL FL 34 CITY-ST-2P DS DELETE 41 TITLE DS DELETE 31 STREET ADDRESS S1: 7/P N FT MYERS FL 42 DTY-ST-2P E DELETE 51 TITLE E DELETE 51 TITLE S1: 7/P S1 TITLE Change E DELETE 51 TITLE S2 WAWE<	•			Section 617.0503. Fk	orida Statutes.			registered
FT. MYERS FL 14 CIY-ST-ZIP # PD # LARUE, MARK 21 TITLE 21 TITLE #ET ADDRESS 1728 SW 10TH PL CAPE CORAL FL 23 STREET ADDRESS CAPE CORAL FL 24 CIY-ST-ZIP # DV #E CHALFANT, DAVID \$33 STREET ADDRESS \$33 STREET ADDRESS Y-S1-ZIP CAPE CORAL FL \$33 STREET ADDRESS Y-S1-ZIP CAPE CORAL FL \$33 STREET ADDRESS Y-S1-ZIP #E DS #E HANSEN, TRACY R \$17870 LEETANA ROAD Y-S1-ZIP #E #EEI ADDRESS Y-S1-ZIP #E EI ADDRESS Y-S1-ZIP #E EI ADDRESS Y-S1-ZIP #E EI ADD	SIT-ZP FT. MYERS FL 14 CITY-ST-ZP PD DELETE 21 TITLE Change Addition FT. MYERS FL DELETE 21 TITLE Change Addition FT. ODRESS 1726 SW 10TH PL 23 STREET ADDRESS CAPE CORAL FL Change Addition ST-ZP DV DELETE 31 TITLE Change Addition ST-ZP DV DELETE 31 TITLE Change Addition ST-ZP DV DELETE 31 TITLE Change Addition ST-ZP CAPE CORAL FL 24 CITY-ST-ZP Change Addition ST-ZP DS DELETE 31 STREET ADDRESS Change Addition ST-ZP DS DELETE 41 TITLE Change Addition E DS DELETE 41 TITLE Change Addition E HANSEN, TRACY R 42 NAME 42 NAME STREET ADDRESS	agent. 1 a GNATURE	Signature, typed or printed name of	of registered agent and title it a	Section 617.0503, Fk applicable (NOT ORS	E: Registered Agent signature requi	ired when reinstating)	DATE ERS AND DIRECTOR	
E PD DELETE 21 TITLE Change Addition AE LARUE, MARK 22 NAME 23 STREET ADDRESS CAPE CORAL FL 23 STREET ADDRESS 4-S1-2P DV DELETE 31 TITLE Change Addition AE CAPE CORAL FL 2.4 CITY-ST-ZIP Change Addition AE CHALFANT, DAVID 32 NAME Change Addition AE CHALFANT, DAVID 32 NAME Change Addition AE CHALFANT, DAVID 32 NAME Change Addition AE DV DELETE 31 TITLE Change Addition V-S1-ZIP CAPE CORAL FL 33 STREET ADDRESS S3 STREET ADDRESS Change Addition V-S1-ZIP CAPE CORAL FL 44 CITY-S1-ZIP Change Addition AF HANSEN, TRACY R 42 NAME 42 NAME STREET ADDRESS STREET ADDRESS V-S1-ZIP Intelemental for the original content of the origina content of	PD DELETE 21 TITLE Change Addition Change Challer Change Addition Change Addition Change Challer Change Addition Change Change Addition Change Change Addition Change Challer Change Addition Change Change Addition Change Change Addition Change Change Change Addition Change Chan		Signature, typed or printed name c OFI T HAMPTON, TERRY	of registered agent and title if a FICERS AND DIRECT	Section 617.0503, Fk applicable (NOT ORS	brida Statutos. E: Registered Agent eignature requinature requin	ired when reinstating)	DATE ERS AND DIRECTOR	IS IN 12
EFT ADDRESS 1726 SW 10TH PL 2.3 STREET ADDRESS K-S1-2P CAPE CORAL FL 2.4 CITY-ST-ZIP LE DV DELETE 31 TITLE KE CHALFANT, DAVID 32 NAME S33 STREET ADDRESS 33 STREET ADDRESS Y-S1-2P CAPE CORAL FL 34 CITY-ST-ZIP KE DS DELETE KE DS DELETE HANSEN, TRACY R 4 CITY-ST-ZIP KE ADDRESS 17870 LEETANA ROAD 43 STREET ADDRESS Y-S1-ZIP Addition KE DELETE S1-ZIP Change Addition 4 DIRESS Y-S1-ZIP Change KE DELETE S1-ZIP Change KE DELETE S1-ZIP Change KE DELETE S1-ZIP Change KE DELETE S1-ZIP Change KE S3 STREET ADDRESS Y-S1-ZIP S4 CITY-S1-ZIP KE S3 STREET ADDRESS S4 CITY-S1-ZIP	FT ADDRESS 1728 SW 10TH PL 23 STREET ADDRESS SIT-ZP CAPE CORAL FL 2.4 CITY-ST-ZP E DV DELETE SIT-ZP CHALFANT, DAVID 31 TITLE E1 ADDRESS S33 SE 34TH STREET SIT-ZP CAPE CORAL FL 31 STREET ADDRESS SIT-ZP DS DELETE DS DELETE 41 TITLE E1 ADDRESS 17870 LEETANA ROAD 43 STREET ADDRESS SIT-ZP IDELETE 51 TITLE SIT-ZP IDELETE 63 STREET ADDRESS <td>GNATURE . LE ME REET ADDRESS</td> <td>Signature: typed of printed name o OFI T HAMPTON, TERRY 17760 WELLSWOO</td> <td>of registered agent and title if a FICERS AND DIRECT</td> <td>Section 617.0503, Fk applicable (NOT ORS</td> <td>orida Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS</td> <td>ired when reinstating)</td> <td>DATE ERS AND DIRECTOR</td> <td>IS IN 12</td>	GNATURE . LE ME REET ADDRESS	Signature: typed of printed name o OFI T HAMPTON, TERRY 17760 WELLSWOO	of registered agent and title if a FICERS AND DIRECT	Section 617.0503, Fk applicable (NOT ORS	orida Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	ired when reinstating)	DATE ERS AND DIRECTOR	IS IN 12
F-S1-2P CAPE CORAL FL 2.4 CITY-ST-2IP E DV DELETE 31 TITLE AE CHALFANT, DAVID 32 NAME S53 SE 34TH STREET 33 STREET ADDRESS y-S1-2IP CAPE CORAL FL 34 CITY-ST-2IP É DS DELETE 41 TITLE AE HANSEN, TRACY R Change Addition AE HANSEN, TRACY R Change Addition AE ANAME Change Addition V-S1-ZIP XAME Change Addition AE HANSEN, TRACY R 4 2 NAME Change Addition V-S1-ZIP N FT MYERS FL 4 2 NAME Change Addition V-S1-ZIP N FT MYERS FL 4 CITY-S1-ZIP Change Addition KE DELETE 51 TITLE Change Addition KE DELETE 51 TITLE Change Addition KE DELETE 51 TITLE Change Addition KE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS Y-S1-ZIP <t< td=""><td>S1-2P CAPE CORAL FL 2.4 CITY-ST-ZIP DV DELETE 31 TITLE Change Addition E1 ADDRESS S33 SE 34TH STREET 32 NAME 33 STREET ADDRESS S1-2P CAPE CORAL FL 34 CITY-ST-ZIP </td><td>GNATURE: . .E .E .E .E .E .E EET ADDRESS .E .E .E</td><td>Signature, typed or printed name o OF T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD</td><td>of registered agent and title if a FICERS AND DIRECT</td><td>Section 617.0503. Fik applicable (NOT ORS DELETE</td><td>Cricka Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE</td><td>ired when reinstating) ADDITIONS/CHANGES TO OFFIC</td><td>DATE ERS AND DIRECTOR Change</td><td>IS IN 12</td></t<>	S1-2P CAPE CORAL FL 2.4 CITY-ST-ZIP DV DELETE 31 TITLE Change Addition E1 ADDRESS S33 SE 34TH STREET 32 NAME 33 STREET ADDRESS S1-2P CAPE CORAL FL 34 CITY-ST-ZIP	GNATURE: . .E .E .E .E .E .E EET ADDRESS .E .E .E	Signature, typed or printed name o OF T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD	of registered agent and title if a FICERS AND DIRECT	Section 617.0503. Fik applicable (NOT ORS DELETE	Cricka Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
KE CHALFANT, DAVID 32 NAME 641 ADDRESS 533 SE 34TH STREET 33 STREET ADDRESS y-S1-2iP CAPE CORAL FL 34. CITY-S1-2iP 6 DS DELETE 41 TITLE 46 HANSEN, TRACY R 42 NAME 47 HANSEN, TRACY R 42 NAME 48 HANSEN, TRACY R 42 NAME 49 N FT MYERS FL 10 ELETE 41 TITLE 11 TITLE 10 Change 42 NAME 42 NAME 44 CITY-S1-2iP 10 ELETE 45 TADDRESS 17870 LEETANA ROAD 45 STREET ADDRESS 43 STREET ADDRESS 47.51-2iP 44 CITY-S1-2iP 46 53 STREET ADDRESS 47.51-2iP 54 CITY-S1-2iP 46 53 STREET ADDRESS 47.51-2iP 54 CITY-S1-2iP 46 63 STREET ADDRESS 47.51-2iP 54 CITY-S1-2iP 46 63 STREET ADDRESS 47.51-2iP 54 CITY-S1-2iP 41 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(), Florida Statutes. 1 further certify that the information example m	E CHALFANT, DAVID 32 NAVE Ef ADDRESS 533 SE 34TH STREET 33 STREET ADDRESS -S1-7/P CAPE CORAL FL 34 CITY-S1-ZIP DS DELETE 41 TITLE E HANSEN, TRACY R 2 NAVE 157-7/P DS DELETE 41 TITLE Change Addition F1 ADDRESS 17870 LEETANA ROAD 43 STREET ADDRESS -S1-7/P 44 CITY-S1-ZIP Change Addition E DELETE 51 TITLE Change Addition 51-7/P 54 CITY-S1-ZIP Change Addition 51-7/P 54 CITY-S1-ZIP Change Addition 61 TITLE 0 ELETE 61 TITLE Change Addition 51-7/P 54 CITY-S1-ZIP Change Addition 61 TITLE 0 ELETE 61 TITLE Change Addition 61 T	GNATURE: . .E .E EET ADDRESS Y-ST-ZIP .E .E .E	Signature, typed or printed name o OF T HAMPTON, TERRY 17760 WELLSWOO F1. MYERS FL PD LARUE, MARK	D registered agent and title if a FICERS AND DIRECT L. DD RD	Section 617.0503. Fik applicable (NOT ORS DELETE	Cricka Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
EET ADDRESS 533 SE 34TH STREET 3 3 STREET ADDRESS y-S1-ZIP CAPE CORAL FL 34. CITY-ST-ZIP E DS DELETE 4.1 TITLE #E HANSEN, TRACY R 4 2 NAME EET ADDRESS 17870 LEETANA ROAD 43 STREET ADDRESS Y-S1-ZIP N FT MYERS FL 44 CITY-S1-ZIP E DELETE 51 TITLE E DELETE 51 TITLE KE DELETE 51 TITLE V-S1-ZIP Change Addition KE DELETE 51 TITLE KE DELETE 51 TITLE KE DELETE 53 STREET ADDRESS Y-S1-ZIP S4 CITY-S1-ZIP KE DELETE 53 STREET ADDRESS Y-S1-ZIP S4 CITY-S1-ZIP LE DELETE 61 TITLE KE S3 STREET ADDRESS S4 CITY-S1-ZIP LE DELETE 63 STREET ADDRESS Y-S1-ZIP S4 CITY-S1-ZIP Change LE Addition 63 STREET ADDRESS Y-S1-ZIP S4 CITY-S1-ZIP Change <td< td=""><td>E1 ADDRESS 533 SE 34TH STREET 33 STREET ADDRESS -S1-2IP DS DELETE 34. CITY-ST-ZIP DS DELETE 4. TITLE Change Addition E HANSEN, TRACY R 4. 2 NAME 4. STREET ADDRESS </td><td>GNATURE</td><td>Signature, typed of printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL</td><td>D registered agent and title if a FICERS AND DIRECT L. DD RD</td><td>Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE</td><td>Cricka Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP</td><td>ired when reinstating) ADDITIONS/CHANGES TO OFFIC</td><td>DATE ERS AND DIRECTOR Change</td><td>IN 12</td></td<>	E1 ADDRESS 533 SE 34TH STREET 33 STREET ADDRESS -S1-2IP DS DELETE 34. CITY-ST-ZIP DS DELETE 4. TITLE Change Addition E HANSEN, TRACY R 4. 2 NAME 4. STREET ADDRESS	GNATURE	Signature, typed of printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL	D registered agent and title if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE	Cricka Statutos. E: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IN 12
E DS DELETE 4.1 TITLE Change Addition AE HANSEN, TRACY R 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 1.0 DELETE 5.1 TITLE 1.0 Change Addition AE DELETE 5.1 TITLE 5.1 TITLE 1.0 Change Addition AE S.1 STREET ADDRESS 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 1.0 Change Addition AE DELETE 5.1 TITLE 5.1 TITLE 1.0 Change Addition AE S.1 CITY-ST-ZIP 5.4 CITY-ST-ZIP 1.0 Change Addition AE S.1 STREET ADDRESS 5.4 CITY-ST-ZIP 1.0 Change Addition AE S.1 ZIP STREET ADDRESS 5.4 CITY-ST-ZIP 1.0 Change Addition AE STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 1.0 Change Addition AF STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 1.0 Change Addition AF STREET ADDRESS STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 1.0 Change	DS DELETE 4.1 TiTLE Change Addition E HANSEN, TRACY R 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ST-ZIP N FT MYERS FL 4.4 CITY-ST-ZIP Change Addition E DELETE 5.1 TITLE Change Addition E DELETE 5.1 TITLE Change Addition E DELETE 5.1 TITLE Change Addition E S3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition E1 ADDRESS S3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition E1 ADDRESS S3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition E1 ADDRESS S3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition E1 ADDRESS S3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition 1 do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; th ann address. 1 do hereby certify th	GNATURE E AE EET ADDRESS (-ST-ZIP E EFT ADDRESS (-ST-ZIP E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1728 SW 10TH PL CAPE CORAL FL DV	Dregistered agent and title (f a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE	Cricka Statutos. Cricka Stat	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
AFE HANSEN, TRACY R 4.2 NAME 17870 LEETANA ROAD 4.3 STREET ADDRESS Y-SI-ZIP N FT MYERS FL 4.4 CITY-SI-ZIP E DELETE 5.1 TITLE AFE DELETE 5.1 TITLE EET ADDRESS 5.3 STREET ADDRESS Y-SI-ZIP STREET ADDRESS F-SI-ZIP Street ADDRESS Y-SI-ZIP	E HANSEN, TRACY R 4.2 NAME ET ADDRESS 17870 LEETANA ROAD 4.3 STREET ADDRESS -ST-ZIP N FT MYERS FL 4.4 CITY-ST-ZIP DELETE 5.1 TITLE I Change Addition E DELETE 5.1 TITLE I Change Addition E ST-ZIP DELETE 5.1 TITLE I Change Addition ST-ZIP DELETE 5.1 TITLE I Change Addition E DELETE 5.1 TITLE I Change Addition ST-ZIP DELETE 6.1 TITLE I Change Addition E STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP I Change Addition 1 do hareby 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 and accurate and that my signature shall have the same legal effect as if made under oath; th I a	GNATURE E AE EET ADDAESS (-ST-ZIP E EFT ADDRESS (-ST-ZIP E E E KE	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE	Dregistered agent and title (f a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE	Cricka Statutos. Cricka Stat	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
EET ADDRESS 17870 LEETANA ROAD 4.3 STREET ADDRESS Y-SI-ZIP 4.4 CITY-ST-ZIP E DELETE 5.1 TITLE AE 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS Y-SI-ZIP 5.3 STREET ADDRESS F-SI-ZIP 5.3 STREET ADDRESS F-SI-ZIP 5.4 CITY-ST-ZIP E DELETE 6 10 DELETE 6 11 TITLE F-SI-ZIP 5.4 CITY-ST-ZIP E 0 DELETE 6 11 TITLE F 0 DELETE 6 STREET ADDRESS Y-SI-ZIP 5.4 CITY-ST-ZIP F 0 DELETE 6 11 TITLE 6.3 STREET ADDRESS Y-SI-ZIP 6.3 STREET ADDRESS Y-SI-ZIP 6.3 STREET ADDRESS Y-SI-ZIP 8.4 CITY-SI-ZIP 1 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 equal	EF ADDRESS 17870 LEETANA ROAD 4.3 STREET ADDRESS -ST-ZIP N FT MYERS FL 4.4 DITY-ST-ZIP DELETE 5.1 TITLE Change Addition E 5.2 NAME 5.3 STREET ADDRESS - -ST-ZIP DELETE 5.1 TITLE Change Addition E 5.2 NAME 5.3 STREET ADDRESS - - - -ST-ZIP	GNATURE E AE EET ADDRESS (-ST-ZIP E E FT ADDRESS (-ST-ZIP E AE E E AE E E AE E ST-ZIP E AE ST-ZIP E AE ST-ZIP E AE ST-ZIP ST-ZIP E ST-ZIP S	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL	Dregistered agent and title (f a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE	Cricka Statutos. E: Registered Agent eignature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
E DELETE 5.1 TITLE Change Addition ME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS V-SI-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP .E DELETE 6.1 TIRLE Change Addition	Image: DELETE 5.1 TIFLE Image: Change Addition E 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS -SI-7IP 5.4 CITY-SI-7IP 5.4 CITY-SI-7IP Image: DELETE 6.1 TIFLE 6.1 TIFLE Image: DELETE 6.1 TIFLE 6.2 NAME 6.4 CITY-SI-72IP 6.4 CITY-SI-72IP Image: DELETE 6.3 STREET ADDRESS .SI-71P	GNATURE .E AE EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E EET ADDRESS Y-ST-ZIP .E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1728 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS	Diregistered agent and the fr FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE	Cricka Statutos. E: Registered Agent eignature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
AE 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS (-SI-ZIP 5.4 CITY-ST-ZIP E DELETE 61 TITLE Change AE 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 6.3 STREET ADDRESS (-SI-ZIP) 6.3 STREET ADDRESS (-SI-ZIP) 6.3 STREET ADDRESS (-SI-ZIP) 6.4 CITY-ST-ZIP 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption state of the exemption s	E 5.2 NAME ET ADDRESS 5.3 STREET ADDRESS -S1-ZIP 5.4 CITY-ST-ZIP E 0 DELETE 6 1 TITLE 61 TITLE 6 2 NAME 6.3 STREET ADDRESS -S1-ZIP E 1 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; th I arm an officer or director of the corporation or the receiver or truebe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer or on an attachment with an address.	GNATURE: E AE EET ADDAESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE E AE	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE	Field Statutos. E: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12
-SI-2IP E E DELETE DELETE DELETE S4 CITY-ST-2IP E C DELETE C TADDRESS EIT ADDRESS C ST-2IP C DELETE C	-ST-ZIP -ST-ZIP -ST-	INATURE: . E E E E E E E E E E E E E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	Field Statutos. E: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
E DELETE 61 TITLE Change Addition EET ADDRESS (- ST-2)P - 1 do hereby certily 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 people and that the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this people and that the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this people and that the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	E DELETE 61 TITLE Change Addition E ADDRESS -ST-ZIP 1 do hereby certily 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; th I am an officer or director of the corporation or the receiver or trubbe 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.	GNATURE: E E E E E E E E E E E E E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	Field Statutos. E: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
E ET ADDRESS ET ADDRESS ET ADDRESS ST-2IP E G3 STREET ADDRESS 64 CITY-ST-2IP E G4 city-ST-	E 62 NAME ET ADDRESS 63 STREET ADDRESS -ST-ZIP 64 CITY-ST-ZIP I do hereby certily 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; the am officer or director of the corporation or the receiver or truetge 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.	E E E E E E E E E E E E E E E E E E E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	Field Statutos. E: Registered Agent eignature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
EET ADDRESS 6-3 STREET ADDRESS 6-3 STREET ADDRESS 6-4 CITY- ST-ZIP 1 do hereby certily 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 applied 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 applied 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 applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	ET ADDRESS -ST-ZIP 1 do hereby certily 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; th I am an officer or director of the corporation or the raceiver 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.	GNATURE: E AE EET ADDRESS (-ST-ZIP) E FFT ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP)	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Field Statutos. E: Registered Agent eignature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
. 1 do hereby certily 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	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; th 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 changes or on an attachment with an address.	GNATURE: .E .E .E .E .E .E .E .E .E .E	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Field Statutos. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same lengt affect as if made under oath 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; th 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.	GINATURE: .	Signature, typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA R	of registered agent and the if a FICERS AND DIRECT L. DD RD	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Dricka Statutos. E: Registered Agent eigneture requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	IS IN 12 Additio
I am as other of diseased in the connection of the federation entering to such the recent as required by Phoniss 247. Elevise date date and the such as a such the such as a such as		GINATURE: .	Signature: typed or printed name c OFI T HAMPTON, TERRY 17760 WELLSWOO FT. MYERS FL PD LARUE, MARK 1726 SW 10TH PL CAPE CORAL FL DV CHALFANT, DAVID 533 SE 34TH STRE CAPE CORAL FL DS HANSEN, TRACY F 17870 LEETANA RI N FT MYERS FL	EFICERS AND DIRECT	Section 617.0503. File applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Statutes. E: Registered Agent eignature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 STREET ADORESS 6.4 CITY-ST-ZIP	Ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change Change	S IN 12 Additio

'n