## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997		DIVIS	Secretary of	State PORATIONS	Secretary of State			
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DOCUN 1. Corporation	MENT : Name	# 765410	0 (6	5)					
	TH IN FAIT								
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Principal Place	of Business		Mailing Address				EN <b>818</b> 11 <b>818</b> 11 EN 1		
8591 141ST ST N. P.O. BOX 8076									
SEMINOLE FL 34646-33.776 SEMINOLE FL 33775-8076									
US		•	US			3. Date Incorporated or Qualified	3a. Date of Last R		
0.00			Do history Artes			10/14/1982 4. FEI Number	04/12/199		
2. Principal Pi	ace of Busine	388	2a. Mailing Addr	ess		59-2224752	<del>  </del>	oplied For ot Applicable	
Suite, Apt a	#, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75	Additional	
City & State			City & State		·		Fee Re		
23 28 28						Election Campaign Financing     Trust Fund Contribution	\$5.00 Added 1		
Zipaa -	7/	Country	Zip		Country	8. This corporation has liability for		. 199.032,	
24 33.7		15 and Address of Curre	29 29 Agent	30		Florida Statutes L  10. Name and Address of New Re	Yes No		
81 Name						P	)T1		
GLUBIAK, MARCIA 82 Street Add						Cagy 1 homas ddress P9 Bek Number is Not Acceptable) 8591 1415+ 5+ 100			
1						8591 141 st St N	10		
LARGO F	FL 3464U								
84 City Sep						Seminole	FL 33	Code 6776	
11. Pursuant t	to the provision	ons of Sections 617.050	2 and 617.1508, Florida of Florida, Such char	da Statutes, i ge was auth	he above-named orized by the corr	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing It	s registered registered	
i	m familia witl	n, and accept the oblig	ations of, Section 617.	0503, Florida	Statutes.		H246-		
SIGNATURE _	Signature, type o	or not name of registered ag	ent and title if applicable.	(NOTE: Re	gistered Algent signature	required when reinstating)	DATE DATE		
12.	200	OFFICERS AN	ID DIRECTORS	C ETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR  Change	RS IN 12	
TITLE NAME	PD CAROLYI	N REYNOLDS		:רבוב	1.1 TITLE 1.2 NAME		L. Change	FIT MORION	
STREET ADDRESS	6160 115			J	1.3 STREET ADDRESS				
CITY - ST - ZIP		EFL - 3377ユ			1.4 City-St-ZiP				
TITLE	VD DVDC D	u t im	[ Di	LETE	2.1 TITLE		Change	Addition	
NAME STREET ADDRESS	BURG, B	illie /wood park drivi	F		2.2 NAME 2.3 STREET ADDRESS			ļ	
CITY - ST - ZIP	SEMINOL		7		2.4 CITY-ST-ZIP				
TITLE	SD		X	LETE	3.1 TITLE		☐ Change	Addition	
NAME		IORE, KENNEDY ID AVE.N.			3.2 NAME			-	
STREET ADDRESS CITY-S1-ZIP		RSBURG FL			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			 	
TITLE	TD /		□ D	LETE	4.1 TITLE	Secretary Treas/Directo	Change	Addition	
NAME	PEGGY T				4. 2 NAME	**		Į	
STREET ADDRESS	8591 141	STN. EFL <i>う</i> ろフク	<i>(</i> .		4.3 STREET ADDRESS				
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STREET ADDRESS					6.3 STREET ADDRESS				
CITY-ST-ZIP					6.4 CITY-ST-ZIP			}	

SIGNATURE:

Thomas

**FILED** 

May 16 1997 8:00am

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.