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

**NONPROFIT** CORPORATION ANNUAL REPORT



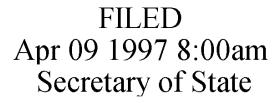
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #



INC.							
Principal Plac	ce of Business	Mailing Add	ress			I INDIII INDII WALL DINA FINDII IIII I	181: 91811 MIRIT OFRIS BIRT GIRT GIRT GIRT 1831
536 N. BAY STREET 536 N. BAY STREET EUSTIS FL 32726-3439 EUSTIS FL 32726-3439							
						3. Date incorporated or Qualified 04/26/1983	3a, Date of Last Report 03/29/1996
21	Piace of Business	2a. Mailing /				4. FEI Number 59-2351008	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & SI 28	ate			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>		Count	try	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🔀 No
<u>1</u>	9. Name and Address of Curre				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	
					1 Name		<u> </u>
JACOBS, GERALD C. 507 DIEDRICH ST.					.,	Address (P.O. Box Number is Not Acceptate	ole)
EUSTIS FL 32728			8	3			
				8	4 City	······································	FL 85 Zip Code
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such on igations of, Section	change was a 617.0503, Flo	uthorized rida Statul	by the corp tes.	corporation submits this statement for the poration's board of directors. I hereby accept	of the appointment as registered
10	Signature, typed or printed name of registered a	<u> </u>	(NOIE	13.	Agent signature	required when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE
12.	VD OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 TITU		······································	Change Addition
NAME	RYAN, ETHEL	_	PLCC.L	1.2 NAM	- 1	President	Za Charles Za Lacinos
	00*********************************				ET ADDRESS	Ryan, Ethel	•
STREET ADDRESS	EUSTIS FL 32726					506 Gottsche Ave.	
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITL	-ST-ZIP	Eustis, Fl. 32726	Change Addition
	TRASK, ARET E	L		2.2 NAM		Director	LE Gridingo L., Accinio
NAME STREET ADDRESS	P.O. BOX 886 N/A			2.3 STAI	ET ADDRESS		
CITY-ST-ZIP	MY DORA FL 32757		Locustr		Y-ST-ZIP	Eustis, F1. 32726	C Channe C CHRIS
THLE	D MATTHEME CHANE	L	DELETE	3,1 TITL		· · · · · · · · · · · · · · · · · · ·	Change  Addition
NAME	MATTHEWS, SHANE 2606 MONTECETO AVE.			3.2 NAV	ł		
STREET ADDRESS	EUSTIS FL 32726				ET ADDRESS		
CITY - ST - ZIP	D	<u> </u>	DELETE	3.4. CITY 4.1 TITL	(-ST-ZIP	Director	Change
	ADAMS, DEBRA	-	OLLLIL			Director	Application To Modified
NAME CARCAL ADDITION				4. 2 NAN		Gumz, Robert	
STREET ADDRESS	EUSTIS FL				ET ADDRESS	133 Madrona Drive	
CITY-ST-ZIP TITLE	P	<u> </u>	DELETE	5.1 TITL	- ST- ZIP	Eustis, Fl. 32726	Change
	CARTER, LOUISE L.	,	Decem			Director	Online E realise
NAME OXIGET ADDRESS				5,2 NAM		Schmidt, June	
STREET ADDRESS	GRAND ISLAND FL 32735-0	500		1	EET ADDRESS	1390 Lakeview Ave	
CITY - \$1 - ZIP	T GUNNU IOLANU FL 32/33-0	722	DELETE		-ST-ZIP	Eustis, Fl. 32726	Change Addition
TITLE	BARNETT, NANCY . A	-	- THE STATE OF TH	6.1 TITL	1	Treasurer	* Andrew
NAME	AA DILIE AT			6.2 NAM		Brothers, Bonita	
STREET ADDRESS	EUSTIS FL 32726				EET ADDRESS	2750 Eudora Road	
CITY - \$T - ZIP	EU3113 FL 32/20			6.4 CITY	- ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption states it is stated in 19.0 (3)(i). Florisa States it 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.

EXCUIRED Ethel Ryan, President

Daytime Phone # 0013685