FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

Katherine Harris

DOCUMENT # 769951

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA, INC.

Country

Principal Place of Business 37412 CHURCH AVE DADE CITY FL US

21

22

23

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P O BOX 1243 DADE CITY FL

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

Zip

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90037 016 ****61.25

|--|

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

08/23/1983

59-6045460

4. FEI Number

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name CURINGTON, ARNOLD DR. 12208 SHAKESPEARE TRAIL ST. LEO FL 33574 12. Street Address (P.O. Box Number is Not Acceptable) 13. The 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 agent. In minimise, with, yet description of pection of 1509, Porida Statutes. SIGNATURE 12. OFFICERS AND-DRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Foreit Registered Agent. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Name and Address of New Registered Agent. 17. Leo PL 33574 18. City 18. Signature is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Signature is Not Acceptable) 18. Signature is Not Acceptable in Not Acceptab	24	25	29	30			Trust Fund (Contribution		Added to	Fees
CURINGTON, ARNOLD DR. 12206 SHAKESPEARE TRAIL ST. LEO FL 33574 44 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 lis 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 organizations of, Section 517 0503. Florida Statutes. SIGNATURE 12	<u> </u>									gent	
12206 SHAKESPEARE TRAIL ST. LEO FL 33574 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, 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 amiliagivith. Age discovered the provisions of Section 617,0502 and 617,1508, Florida Statules. SIGNATURE SIGNATURE SIGNATURE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE 14. ADDITIONS/CHANGES TO OFF					81	Name					
12206 SHAKESPEARE TRAIL ST. LEO FL 33574 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, 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 amiliagivith. Age discovered the provisions of Section 617,0502 and 617,1508, Florida Statules. SIGNATURE SIGNATURE SIGNATURE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 12. NOFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSENTATIONS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE 14. ADDITIONS/CHANGES TO OFF	CLIPINGTON ARNOLD DR					Street Ad	dress (P.O. Box Num	her is Not Acc	entable)		
ST. LEO FL 33574 33					32	Subst Mu	arous (r.o. box reun	10 1101 700			
Standard	··				83				-		
TI. 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 and accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the appointment as registered agent and accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered and accept and accept the appointment as authorized by the corporation's board of directors. I hereby accept the appointment as authorized by the corporation's board of directors. I hereby accept the appointment as authorized by the corporation's board of directors. I hereby accept the appo	SI. LEU F	1 333/4				***				7:- C	a da
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I nereby eccept in a appointment as registered agent. I am familiarly with, and accept the originations of section 617 (653), priorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 ITIME PD OROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IZ. DAVIE REQUISION OF PARKLISH CROULE CALLY. TAMES CROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID ACCITY, TAMES ACCITY,		•			84	City			FL	85 ZIP C	ode
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I nereby eccept in a appointment as registered agent. I am familiarly with, and accept the originations of section 617 (653), priorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 ITIME PD OROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IZ. DAVIE REQUISION OF PARKLISH CROULE CALLY. TAMES CROSS, DAVID STREET ADDRESS GROSS, DAVID STREET ADDRESS GROSS, DAVID ACCITY, TAMES ACCITY,	11. Purcuant	to the provisions of Sections 617.0502 a	and 617.1508. Florida St	atutes, the at	OOVE-	named co	poration submits this	statement for	the purpose of o	hanging its	registered
Supremote Supremote Report for completed again and stiff it application. NoTE Requirement Against against were supremoted when relationally against against were supremoted when relationally against against and premote when relationally against against and regulation of regulational department of regulational department of regulational against against a part of the supremote of the supremote against against against a part of the supremote of the supremote against	office or n	egistered agent, or both, in the State of I	Florida, Such change wa ns of, Section 617.0503,	as authorized Florida Statu	by t	he corpora	tion's board of directo	ors. I hereby a	cept the appoin	ment as req	jistered
12. OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD CROSS, DAVID 12/MME 12/MME 12/MME 12/MME 13/MME 13/MME 12/MME 12/MME 12/MME 12/MME 13/MME	SIGNATURE	Collinsed Curi							DATE		
TITLE PD CROSS, DAVID 12 NAME CROSS, DAVID 6327 WEATHERWOOD CIRCLE 133REET ADDRESS CITY-ST-ZP WESLEY CHAPEL FL 33544 WESLEY C			7-7		Agent	signature requi	ADDITIONS/	CHANGES TO		DIRECTO	RS IN 12
TITLE UPD DELETE 133544 DELETE 135 THE CHAPEL FL 33544 DELETE 135 TREET ADDRESS 17-3 a b PARK IS H CRUJU RD Addition PROFESS 17-3 a b PARK IS H CRUJU RD Addition PROFESS 17-3 a b PARK IS H CRUJU RD Addition PROFESS 17-3 a b PARK IS H CRUJU RD Addition PROFESS 17-3 a b PARK IS H CRUJU RD ADDRESS 17-3 a b PARK IS H CRU											
STREET ADDRESS G327 WEATHERWOOD CIRCLE CITY-ST-ZIP WESLEY CHAPEL FL 33544 TITLE UPD LARUE, TODD STREET ADDRESS TITLE DADE CITY FL 33525 CITY-ST-ZIP DADE CITY FL 33525 TITLE D DADE CITY FL 3406000 TOTAL STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE D DELETE D TITLE D D TOTAL TOTAL D		, -	- 30tt.				:	A 4 S		•	
CITY-ST-ZIP WESSEY CHAPFEL FL 33544 ITTLE VPD						*DDDECC	17306 PA	RKISH	5 600 B	IC IT	į
Change Change Change Addition	STREET ADDRESS			1			DADE CIT	'Y	33253		
NAME LARUE, TODD 11970 JUSTAMERE LN 21 STREET ADDRESS CITY-ST-ZP DADE CITY FL 33525 CITY-ST-ZP DADE CITY FL 33525 DADE CITY FL 33525 DADE CITY FL 33525 DADE CITY ST-ZP TITLE D DADE CITY FL DADE CITY FL DADE CITY FL DELETE 31 TITLE DADE CITY FL 33 STREET ADDRESS CITY-ST-ZP TITLE DADE CITY FL DELETE 4.1 TITLE AMME STREET ADDRESS CITY-ST-ZP TITLE DELETE 4.1 TITLE AMME STREET ADDRESS CITY-ST-ZP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZP TITLE SA CITY-ST-ZP TITLE CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE SA CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS			C per err							Chance	Addition
TINE DADE CITY FL 33525 CITY-ST-ZP DADE CITY FL 33525 DADE CITY FL 31TITLE DELETE 3.1 TITLE DADE CITY FL 3.3 STREET ADDRESS CITY-ST-ZP DADE CITY FL DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE 4.1 TITLE ACITY-ST-ZP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZP TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZP TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE DELETE 6.1 T	TITLE	***	[] DEFE I				7-15-1 (CUNCT		EL Onlange	·
STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 2.4 CITY-ST-ZIP SAN ANTONIO, FL 33576 Addition Addition	NAME	· · · · · · ·				[160060	a Same	0 K1114		•
TITLE D DADE CITY FL 3.1 TITLE SADRESS CITY-ST-ZIP DADE CITY FL DELETE S.1 TITLE SADRESS CITY-ST-ZIP DELETE S.1 TITLE SAME STREET ADDRESS CITY-ST-ZIP SAME STREET ADDRESS SA CITY-ST-ZIP SAME SA STREET ADDRESS SA CITY-ST-ZIP SAME STREET ADDRESS SA CITY-ST-ZIP SAME STREET ADDRESS SA CITY-ST-ZIP SAME SA STREET ADDRESS SA CITY-ST-ZIP SA SA CITY-ST-ZIP SA SA CITY-ST-ZIP SA C	STREET ADDRESS			2.3 ST	REET						-
NAME MOORE, RANDY 37312 MARCO LANE CITY-ST-ZIP DADE CITY FL OELETE 4.1 ITILE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 1.4 Liberaby 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	CITY-ST-ZIP	DADE CITY FL 33525			_	- ZIP	WILLO HOG	710, 10	. 3331		Addition
STREET ADDRESS CITY-ST-ZIP DADE CITY FL DELETE A1 TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE A1 TITLE A4 CITY-ST-ZIP Addition DELETE A1 TITLE CITY-ST-ZIP CITY-ST-	TITLE	D	L.) DELETE	3.1 17	NΕ					Change	L Accinon
CITY-ST-ZIP DADE CITY FL CITY-ST-ZIP DADE CITY FL	NAME	MOORE, RANDY		3.2 NA	ME						
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME Addition TITLE A1 TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE C Change Addition Addition Change Addition Addition Change Addition Addition Change Addition	STREET ADDRESS	37312 MARCO LANE		3.3 ST	REET	ADDRESS					}
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS GA CITY-ST-ZIP TITLE NAME STREET ADDRESS GA CITY-ST-ZIP TITLE 1.4 Lipsephy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	CITY-ST-ZIP	DADE CITY FL			TY-ST	-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. L berefly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	TITLE		☐ DELETE	4.1 TT	ΠE					☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS GOVERNME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. Learney certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	NAME			4. 2 N	AMÉ						ļ
NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP TITLE DELETE 6.4 TITLE NAME STREET ADDRESS STREET ADDRESS 6.4 CITY- ST-ZIP 14. L bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	STREET ADDRESS			4.3 ST	REET	ADDRESS					
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP 14. L bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	CITY-ST-ZIP			4,4 CF	TY-ST	-ZIP					
STREET ADDRESS CITY- ST-ZIP 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP 6.3 STREET ADDRESS CITY- ST-ZIP 14. L bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	TITLE		☐ DELETE							☐ Change	☐ Addition
5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. Learnby 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	NAME			5.2 NA	ME						
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS	•		5.3 ST	REET	ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. L bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP					
STREET ADDRESS CITY-ST-ZIP 14. Legreby 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			☐ DELETE	6.1 TT	LE					Change	☐ Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Legeby 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	NAME			6.2 NA	WE	1					
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Legreby 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				6.3 ST	REET	ADDRESS					
14. Legeby 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	CITY-ST-ZIP										
	14. I hereby o	certify that the information supplied with	this filing does not qualit	y for the exe	mptic	on stated in	Section 119.07(3)(i)	, Florida Statu	es. I further cert	fy that the i	nformation

Country

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(t), Fronds Statutes. I further orbity 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 certoffactor 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. moore

4/30/99

813-623-5400

Daytime Phone #

R2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable