FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Jun 19 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

]	MENT # 77054 T CENTER FELLOWSHIP, I				
Principal Place of Business Mailing Address					:0/ 0/0// 0/0// 0/0// 0/0// 0/0// 0/0// 0/0// 0/0//
2130 HIGHVIEW RD. 2130 HIGHVIEW RD. BRANDON FL 33510-2003 BRANDON FL 33510-2		2130 HIGHVIEW RD. BRANDON FL 33510-2003	·		
`. }				3. Date Incorporated or Qualified 10/03/1983	3a. Date of Last Report 04/24/1996
	2. Principal Place of Business 2a. Mailing Address			4. FEI Number 59-2330632	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		38-2330032	Not Applicable \$8.75 Additional
22 27		- H		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	_	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
[24]	9. Name and Address of Curre		[30]	10. Name and Address of New Reg	
	-		81 Name		
JONES, TERRY H.			62 Street Add	dress (P.O. Box Number is Not Acceptable	(e)
2310 HIGHVIEW ROAD					
BRANDON FL 33511			83		
·			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, of both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of			ites the above named on	rooration cultimite this statement for the p	FL 60 20 0000
office or r	registered agent; or both, in the Stat	e of Florida. Such change was	authorized by the corpor-	ation's board of directors. I hereby accep	t he appointment as registered
SIGNATURE	And accept the oblig	AP 2 C ()	FRRY	TONES 4	115/17
SIGNATURE	Signature, typed or printed name o registered at		TE: Registered Agent signature req	uired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD TEADY H	DELETE	1.5 TIPLE		Change Addition
NAME STREET ADDRESS	JONES, TERRY H. P. O. BOX J		1.2 NAME 1.3 STREET ADDRESS	* **	
CITY-ST-ZIP	VALRICO FL		1.4 City-St-Zip		
TITLE	VPD	DELETE	21 TITLE		Change Addition
NAME	PALUMBO, JIM		2.2 NAME		
STREET ADDRESS	1102 E. CHERRY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	•	Change Addition
NAME	SHIRLEY, BRAD		3.2 NAME		
STREET ADDRESS	7808 PROVIDENCE RD.		3.3 STREET ADDRESS		
CYTY-ST-ZIP	RIVERVIEW FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
		<u></u>	4. 2 NAME		
STREET ADDRESS	402 BAYFIELD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZiP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETÉ	6.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE NAME		L VICEIC	6.2 NAME	•	C Sumbo C Modition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 a address.