


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90059 040 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C93000000017					
1. Corporation Name MALTA ASSOCIATION OF PALATKA					
Principal Place of Business 3201 REID ST. PALATKA FL 32177			Mailing Address P.O. BOX 218 PALATKA FL 32178		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SAME AS ABOVE		26 SAME AS ABOVE		07/21/1943	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3192326	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILICAN, FITZHUGH R 2114 CRILL AVENUE PALATKA FL 32177				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	HOWELL, GEORGE D		<input checked="" type="checkbox"/> DELETE			
NAME	RR 1 BOX 136	POMONA PARK FL 32181					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	STD	O'GRADY, JOHN F		<input checked="" type="checkbox"/> DELETE			
NAME	1603 CLEVELAND AVE	PALATKA FL 32177					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	VD	HOWELL, NORMA J		<input checked="" type="checkbox"/> DELETE			
NAME	RR 1 BOX 136	POMONA PARK FL 32181					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	STD	BERRY, MARY L		<input checked="" type="checkbox"/> DELETE			
NAME	2609 GOLF DRIVE	PALATKA FL 32177					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	PD	PASCAL, LORENZ N		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	2819 S. PALM AVE	PALATKA FL 32177					
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE	STD	CRAMER, JOHN P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	121 HUSSON AVE	PALATKA FL 32177					
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	VD	O'GRADY, JOANN		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	1603 CLEVELAND AVE	PALATKA FL 32177					
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE	STD	BERRY MARY LOU		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	2809 GOLF DR	PALATKA FL 32177					
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I 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, with all other like empowered.

SIGNATURE *Lorenz N Pascal* **SIGNATURE REQUIRED** *1-13-99 904 328 2863*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/1/98)