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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE	3. Date Incorporated or Qualified 07/21/1943
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3192326
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILICAN, FITZHUGH R
2114 CRILL AVENUE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, GEORGE D	
STREET ADDRESS	RR 1 BOX 136	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	O'GRADY, JOHN F	
STREET ADDRESS	1603 CLEVELAND AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, NORMA J	
STREET ADDRESS	RR 1 BOX 136	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, MARY L	
STREET ADDRESS	2609 GOLF DRIVE	
CITY-ST-ZIP	PALATKA FL 32177	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PASCAL, LORENZ N	
1.3 STREET ADDRESS	2819 S. PALM AVE	
1.4 CITY-ST-ZIP	PALATKA FL 32177	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRAMER, JOHN P	
2.3 STREET ADDRESS	121 HUSSON AVE	
2.4 CITY-ST-ZIP	PALATKA FL 32177	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'GRADY, JOANN	
3.3 STREET ADDRESS	1603 CLEVELAND AVE	
3.4 CITY-ST-ZIP	PALATKA FL 32177	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERRY MARY LOU	
4.3 STREET ADDRESS	2809 GOLF DR	
4.4 CITY-ST-ZIP	PALATKA FL 32177	
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 *113-29 904 328 2863*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(41/98)