## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # F9400000691 (5)

## **AMERICAN SOCIAL SERVICES INCORPORATED**

Principal Place of Business		Mailing Address		ı sanında tirib isiri asatı antil dalit böşis dalit götil götil götil götil götil götil itat idalı
2845 RUNYON CIR ORLANDO FL 32837		2845 RUNYON CIR ORLANDO FL 32837		3. Date incorporated or Qualified
				02/14/1994
				4. FEI Number Applied For
A 57				77-0248001 Not Applicable
· .	face of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
i			81 Nan	ne
ENEGESS, PHILIP			<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)
2845 RUNYON CIRCLE			63	
URLAND	O FL 32837		25	
			84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statu	tes, the above-name	ed corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the 6th im facilities with and account the ob-	ate of Florida. Such change was a digations of Section 617 0503. Fl	authorized by the c orida Statutes	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		<b></b> -	5/10d 5/12/12/12	4/22/98
	Signature, typed or printed name of signatured		E: Registered Agent signs	sture required when reinstating) DATE
12.	<del>,</del>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE	Change Addition
NAME	ENEGESS, PHILIP G		1.2 NAME	
STREET ADDRESS	2845 RUNYON CIRCLE ORLANDO FL 32837		1.3 STREET ADDRES	\$6
CITY-ST-ZIP TITLE	VCD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VCO Change MA Addition
NAME	ENEGESS, SYLVIA M	<b>7</b> 0 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	2.2 NAME	One To Andrew Resides
STREET ADDRESS	2845 RUNYON CIRCLE		2.3 STREET ADDRES	Espl formand ST
CITY-ST-ZIP	ORLANDO FL 32837	•	2.4 CITY-ST-ZIP	PORTA, Research Beachy 5201 Raymond ST ORLANDO FC. 32837
TITLE	VCD	DELETE	3.1 TITLE	X Change
NAME	HINSON-JACKSON, SUSIE		3.2 NAME	
STREET ADDRESS	5210 RAYMOND ST		3.3 STREET ADDRES	5201 Raymond 35
CITY-ST-ZIP	ORLANDO FL 32807		3.4. CITY-ST-ZIP	S 5201 Raymond 3T OKCHADO FC 32837
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	ss
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	SS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	l		6.3 STREET ADDRESS	98 1

hereby certify that the Information supplied with this filling 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 an attachment with an address.

4/22/98

407-629-1578 4104