FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K19065** **(7)**

1. Corporation Name

TEKA VILLAGE, INC.

Principal Place of Business

2536 STAR LANE
ST. CLOUD FL 34772

Mailing Address

2536 STAR LANE
ST. CLOUD FL 34772

3. Date Incorporated or Qualified: **03/23/1988**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-2881864** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LARGE, EDWARD
4417 BRAVE LN
ST CLOUD FL 34772

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 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LARGE, EDWARD		1.2 NAME		
STREET ADDRESS	4417 BRAVE LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NILSEN, ALICE		2.2 NAME		
STREET ADDRESS	4419 BRAVE LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SHERMAN, EDITH		3.2 NAME	RAY HOWARD	
STREET ADDRESS	4427 BRAVE LN		3.3 STREET ADDRESS	4421 BRAVE LANE	
CITY-ST-ZIP	ST CLOUD FL		3.4 CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ALVIN		4.2 NAME		
STREET ADDRESS	4407 BRAVE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BRANCA, JOHN		5.2 NAME		
STREET ADDRESS	2531 STAR LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	STD	☒ Change ☐ Addition
NAME	BARTFAL, ROBERTA		6.2 NAME		
STREET ADDRESS	4415 BRAVE LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34772		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Edward Large EDWARD LARGE 3/29/96 (407) 957-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)