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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N00865 (8)

1. Corporation Name
LEMON BAY AREA CHAPTER, INC.

Principal Place of Business	Mailing Address
7117 STRAWBERRY P. O. BOX 682 ENGLEWOOD FL 34224-5504 USA	7117 STRAWBERRY P. O. BOX 682 ENGLEWOOD FL 34224-5504 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 03/15/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LUTZ, WALTER H.
7117 STRAWBERRY
ENGLEWOOD FL 34224-5504

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LAROY M	1.2 NAME	
STREET ADDRESS	545 WEKIVA RIVER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, ROBERT L	2.2 NAME	
STREET ADDRESS	171 MOBILE GARDENS	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SILVA, WALTER F.	3.2 NAME	BURDICK, FRED W
STREET ADDRESS	154 ROTONDA CIRCLE	3.3 STREET ADDRESS	335 PALM GROVE AVE
CITY-ST-ZIP	PLACIDA FL	3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LUTZ, WALTER H	4.2 NAME	WALKER, JOHN J
STREET ADDRESS	7117 STRAWBERRY ST	4.3 STREET ADDRESS	6800 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	WITHAM, BURTON B JR	5.2 NAME	
STREET ADDRESS	7538 EBRO RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	BURDICK, FRED W	6.2 NAME	TWEDDIE, EARL R.
STREET ADDRESS	335 PALM GROVE AVE	6.3 STREET ADDRESS	201 FOREST SPRING COURT
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laroy M. Brown 9 MARCH 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Laroy M. Brown

2 FEBRUARY 1995 (813) 474-4314
Date — Daytime Phone #

00025810