

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
7117 STRAWBERRY
P. O. BOX 682
ENGLEWOOD FL 34224-5504

Mailing Address
7117 STRAWBERRY
P. O. BOX 682
ENGLEWOOD FL 34224-5504

3. Date Incorporated or Qualified 01/12/1984	3a. Date of Last Report 03/15/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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 Walter H. Lutz DATE 2/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	S BROWN, LAROV M
STREET ADDRESS	545 WEKIVA RIVER COURT
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BENNETT, ROBERT L
STREET ADDRESS	171 MOBILE GARDENS
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BURDICK, FRED W
STREET ADDRESS	335 PALM GROVE AVE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WALKER, JOHN J
STREET ADDRESS	6800 MANASOTA KEY ROAD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P WITHAM, BURTON B JR
STREET ADDRESS	7538 EBRO RD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	T TWEEDIE, EARL R
STREET ADDRESS	301 FOREST SPRING COURT
CITY - ST - ZIP	ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2ND VP BENNETT, ROBERT L.
2.3 STREET ADDRESS	171 MOBILE GARDENS
2.4 CITY - ST - ZIP	ENGLEWOOD, FL. 34224
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1ST VP HENNESSY, GEORGE
3.3 STREET ADDRESS	2515 ALAMANDER AVE
3.4 CITY - ST - ZIP	ENGLEWOOD, FL 34223
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001746943
4.3 STREET ADDRESS	-03/18/96--01053--013
4.4 CITY - ST - ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P LATHAM, ROBERT M.
5.3 STREET ADDRESS	601 DEER WOOD AVE.
5.4 CITY - ST - ZIP	ENGLEWOOD, FL 34223
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 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)(k), 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: Larry M. Brown LAROV M. BROWN 11 FEB 1996 (41) 474-4894
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)