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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
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

2. Principal Place of Business

21 7117 STRAWBERRY

Suite, Apt. #, etc.

22

City & State

23 ENGLEWOOD, FL

24 34224-9315

Country

2a. Mailing Address

26 P.O. Box 682

Suite, Apt. #, etc.

27

City & State

28 ENGLEWOOD FL

Zip

Country

29 34224-0682

30

9. Name and Address of Current Registered Agent

LUTZ, WALTER H
7117 STRAWBERRY
ENGLEWOOD FL 34224-55043. Date Incorporated or Qualified
01/12/19843a. Date of Last Report
03/17/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

34224-9315

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE
NAME BROWN, LARON M
STREET ADDRESS 545 WEKIVA RIVER COURT
CITY-ST-ZIP ENGLEWOOD FLTITLE D ☐ DELETE
NAME WALKER, JOHN J
STREET ADDRESS 6800 MANASOTA KEY ROAD
CITY-ST-ZIP ENGLEWOOD FLTITLE VP ☐ DELETE
NAME BENNETT, ROBERT L
STREET ADDRESS 171 MOBILE GARDENS
CITY-ST-ZIP ENGLEWOOD FL 34224TITLE VP ☒ DELETE
NAME HENNESSEY, GEORGE
STREET ADDRESS 2515 ALAMANDER AVE
CITY-ST-ZIP ENGLEWOOD FL 34223TITLE P ☐ DELETE
NAME LATHAM, ROBERT M
STREET ADDRESS 601 DEER WOOD AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223TITLE T ☐ DELETE
NAME 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 S ☒ Change ☐ Addition
1.2 NAME LUTZ, WALTER H
1.3 STREET ADDRESS 7117 STRAWBERRY ST
1.4 CITY-ST-ZIP ENGLEWOOD, FL 342242.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 342233.1 TITLE JESS BUTLER (D) ☒ Change ☐ Addition
3.2 NAME 1212 HARBORTOWN WAY
3.3 STREET ADDRESS VENICE, FL 34292
3.4 CITY-ST-ZIP4.1 TITLE VP. ☒ Change ☐ Addition
4.2 NAME BIBENS MERRILL K.
4.3 STREET ADDRESS 405 PINE HOLLOW CIRCLE
4.4 CITY-ST-ZIP ENGLEWOOD FL 342235.1 TITLE JOHN K. MACDONALD (D) ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 4260 PLACIDA RD.
5.4 CITY-ST-ZIP GROVE CITY, FL 342246.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 34223

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-474-4673

CR2E037 (9/96)