## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00938 (3)					
PPPORTUNITIES UNLIMITED, INC.				TARAMALI BU BANK BANA INING NILA	
Principal Place	e of Business	Mailing Address			
219-32ND 8T W PO BOX 274 BRADENTON FL 34206 BRADENTON FL 34206-0274					
				3. Date Incorporated or Qualified 01/16/1984	3a. Date of Last Report 03/05/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-254 1867	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State	₿ .	City & State	:	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution  8. This corporation has liability for its corporation of the second	Added to Fees
24	25	29 3	¬ ' '		Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
WYKE, EDWARD DEAN			82 Street Ac	idress (P.O. Box Number is Not Acceptab	ole)
219-32ND ST W BRADENTON FL 34205			83		
51000	11101112 04200		84 City		85 Zip Code
^					FL
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 of 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: F	Registered Agent signature re	quired when reinsteling)	DATE
12.	OF FICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WOODSON, LILA		1.2 NAME	2 2 2 4 E/A	
STREET ADDRESS	P. O. BOX 566 PALMETTO FL		1.3 STREET ADDRESS	P.O. BOX 566 N/A	
CITY-SI-ZIP TITLE	VD VD	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MARTIN, NANCY	<del>-</del>	2.2 NAME		
STREET ADDRESS	4717 DUNDEE DRIVE		23 STREET ADDRESS		•
CITY-ST-ZIP	BRADENTÚN FL		2.4 CITY - S1 - ZIP		
TITLE	D	☐ DELETE	\$.1 TITLE		☐ Change ☐ Addition
NAME	PRESHA, WALTER		8.2 NAME		
STREET ADDRESS	880 - 33RD STREET, EAST		8.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	\$.4. CITY - ST - ZIP #.1 TITLE		Change Addition
NAME	MURPHY, MICHAEL		1. 2 NAME		ZZ Onango ZZ XXXIIIO.)
STREET ADDRESS	73 S PALM AVE #223			5824 BEE RIDGE ROAD	- SUITE 309
CITY-ST-ZIP	SARASOTA FL 34236		M.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP i6.1 TITLE		Change Addition
NAME		נ  טנננונ	i6.1 HILE i6.2 NAME		C outside C wantigh
STREET ADDRESS			6.3 STREET ADDRESS		

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 of the receiver of the corporation are the receiver of the corporation and that my name appears in Block 12 or Blo

6.4 CITY - ST-ZIP

May 20 1997 8:00am

Secretary of State