

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 # **N02075** (2)

1. Corporation Name
MULLALLY MANOR, INC.



Principal Place of Business: **%CASA SAN PABLE
401 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US**

Mailing Address: **C/O EDGAR M.DUNN, JR.
347 S. RIDGEWOOD AVE., PO DRAWER 2600
DAYTONA BEACH FL 32114-4933**

3. Date Incorporated or Qualified: **04/01/1984**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-2410785**

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

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

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

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

City & State: 27

City & State: 28

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNN, EDGAR M JR
347 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32115**

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 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: DELETE

NAME: **PD KELLY, JOAN**

STREET ADDRESS: **512 PELICAN BAY DR.**

CITY-STATE-ZIP: **DAYTONA BEACH FL**

TITLE: DELETE

NAME: **VD ROANE, CURTIS**

STREET ADDRESS: **1726 RIDGE AVE.**

CITY-STATE-ZIP: **HOLLY HILL FL**

TITLE: DELETE

NAME: **D MCGRATH, STEPHEN**

STREET ADDRESS: **1312 RUTHBERN RD.**

CITY-STATE-ZIP: **DAYTONA BEACH FL**

TITLE: DELETE

NAME: **DS CLELAND, PATRICIA R**

STREET ADDRESS: **807 CORDOVA AVE**

CITY-STATE-ZIP: **ORMOND BEACH FL**

TITLE: DELETE

NAME: **TD WEBSTER, ROBERT R**

STREET ADDRESS: **P. O. BOX 646 N/A**

CITY-STATE-ZIP: **DAYTONA BCH. FL**

TITLE: DELETE

NAME: **D WHITE, IATIE**

STREET ADDRESS: **169 GULL CIR., NORTH**

CITY-STATE-ZIP: **DAYTONA BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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: *Joan Kelly - Joan Kelly* 1/25/96 904-761-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)