FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N02648

(6)

GRIFF	wood residents, incor	PORATED								
Principal Place of Business Mailing Address							I LOBINIAN SIN BONIO HAND GUNH OTODY		/IEII (1011 8101	
03896 375 PICCIOLA RD 03896 375 PICCIOLA RD FRUITLAND PARK FL 34731-3371 FRUITLAND PARK FL 3473				1-3371						
							3. Date Incorporated or Qualified 04/19/1984	3a. (Date of Lest 02/14/1	t Report 1 995
21	lace of Business	2a. Mailing Address 26					4. FEI Number 59-2961239			Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired	D2		5 Additional Required
City & Stat	e	City & State			7		Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be ed to Fees
Zip 24	Country 25	Zip 29	Cou	intry			8. This corporation has liability for in		tax under s	
	9. Name and Address of Current Registered Agent		[30]				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		W LIGHTON WAR		B1	Name		TO. Name and Address of New H	gistered	3 Agent	
JOHNS,	JAMES			82		Addros	s (P.O. Box Number is Not Acceptable	-1	 	
03896-3		<u> </u>			700168	5 (F.O. BOX NUMBER IS NOT ACCEPTABLE	3}			
FRUITA	IND PARK FL 34731			83						
				84	City			FI	1 1 i f	ip Code
11. Pursuant or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	and 617.1508, Florida Statute da. Such change was authorize	s, the abo	ve-n	amed co oration's	prporation board	on submits this statement for the purp of directors. I hereby accept the appo	ose of cl	hanging its	registered office
SIGNATURE	in, and accept the boligations of, Sect	ion 617.0503, Florida Statutes.							•	
	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered	Agent	t signature re	ecuired wi	hen reinstating)	DATE		
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICE	JERS AN	ID DIRECTO	ORS IN 12
TITLE	P PENALTY DEDNATO	DELETE	1.1 (1)	1.1 TITLE		_	irector		Change	Addition
NAME	SIEWERT, BERNARD		1.2 NA				ustin LaManna			
STREET ADDRESS	03896-433 PICCIOLA ROAD FRUITLAND PARK FL	ITI AMD DADV EI		1.3 STREET ADDRESS (0	3896-432 Picciola R	oad		
CITY-ST-ZIP TITLE	V	DELETE	1.4.00		(-ZIP	F	ruitland Park FL			
NAME	THOMAS, AGNES	Motreis	21 717				irector		Change	Addition
STREET ADDRESS	03896-631 PICCIOLA ROAD		22 NA			N	orman Hansen			
CITY-ST-ZIP	FRUITLAND PARK FL				ADDRESS	U G	3896-642 Picciola R ruitland Park FL	oad		
TITLE	DS	DELETE	2. 4 CI		1-ZIP	<u> </u>	rultiand Park FL		Change	CT Addition
NAME	FELDT, LUCILLE	Д	3.2 NA		1				Change	☐ Addition
STREET ADDRESS	03896-142 PICCIOLA ROAD				ADDRESS					
CITY - ST - ZIP	FRUITLAND PARK FL		3.4 Cf							
TITLE	DT	DELETE	4.1 TIT						Change	Addition
NAME	WRIGHT, EILEEN		4.2 N/	4. 2 NAME						
STREET ADDRESS	03896-641 PICCIOLA ROAD		4.3 ST	4.3 STREET ADDRE						
CITY-ST-ZIP	FRUITLAND PARK FL		4.4 CIT	4.4 CITY-ST-ZIP						
TITLE	V	DELETE	5 1 TIT	51 TITLE					Change	☐ Addition
NAME	MCMILLEN, HARVEY		52 NA	5 2 NAME						
STREET ADDRESS	03896-364 PICCIOLA ROAD		5 3 ST	5 3 STREET ADDRESS						
CITY-ST-ZIP	FRUITLAND PARK FL	——————————————————————————————————————		5.4 CITY-ST-						
TITLE	D MENED HULLA	DELETE		6.1 TITLE					Change	Addition
NAME STORE LADDROCCE	MEYER, HOLLY		6.2 NA							
STREET ADDRESS	03896-250 PICCIOLA ROAD FRUITLAND PARK FL		•		ADDRESS					
CITY-ST-ZIP		with this filing is voluntarily furni	6.4 CIT	Y-ST	- ZIP	life for t	he everantion stated in Section 110.0			

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. I further early 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. Phone 352/728-1897

SIGNATURE: SIGNATURE AND TYPE OF PRIN

Bernard Siewert, Pres.

January 18, 1996

Deylime Phone #