

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03760** (8)

1. Corporation Name

TODAY'S FLORIDIAN, INC.

Principal Place of Business

Mailing Address

TODAY'S FLORIDIAN, INC.
2071 KATIE CT.
WINTER HAVEN FL 33884
US

1700 NW 6 ST
WINTER HAVEN FL 33881-2150
US

3. Date Incorporated or Qualified **06/19/1984** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Today's Floridian, Inc

26 Suite, Apt. #, etc.

22 1080 HOOK Lane, NE

27 Suite, Apt. #, etc.

23 City & State Winter Haven, Florida

28 City & State

24 Zip 33881 **25 Country USA**

29 Zip **30 Country**

4. FEI Number **59-2802152** Applied For ☐ Not Applicable ☒

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTOX, RAY
170 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ONAGE, FRAN	
STREET ADDRESS	2071 KATIE CT	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BEULAH MCKNIGHT	
STREET ADDRESS	P.O. BOX 116	
CITY-ST-ZIP	DUNDEE FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KIM MATLAK	
STREET ADDRESS	399 TENNIS LANE	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	JUTTA COPLEY	
STREET ADDRESS	188 LINCOLN RD SE	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	WILMA YOUNG	
STREET ADDRESS	293 WOLVERINE LN.	
CITY-ST-ZIP	HAINES CITY FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JULIA DODWELL	
STREET ADDRESS	401 LA SERENA	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elizabeth K. Bosch	
1.3 STREET ADDRESS	1080 Hook Ln, Winter Haven, FL 33881	
1.4 CITY-ST-ZIP	1080 Hook Ln, Winter Haven, FL 33881	

2.1 TITLE	V/P:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan Carruth	
2.3 STREET ADDRESS	307 Hernandez DR., Winter Haven, FL 33881	
2.4 CITY-ST-ZIP	307 Hernandez DR., Winter Haven, FL 33881	

3.1 TITLE	V/P : Harriet Bahr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	673 Augusta Rd., Winter Haven, FL 33884	
3.3 STREET ADDRESS	673 Augusta Rd., Winter Haven, FL 33884	
3.4 CITY-ST-ZIP	673 Augusta Rd., Winter Haven, FL 33884	

4.1 TITLE	RSD: Wilma Young	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	293 Wolverline Ln., Winter Haven, FL 3381	
4.3 STREET ADDRESS	293 Wolverline Ln., Winter Haven, FL 3381	
4.4 CITY-ST-ZIP	293 Wolverline Ln., Winter Haven, FL 3381	

5.1 TITLE	CSD : Kathryn Skovira	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	151 Greenview Dr,	
5.3 STREET ADDRESS	Winter Haven, FL 33881	
5.4 CITY-ST-ZIP	Winter Haven, FL 33881	

6.1 TITLE	Tres: Kim Matlak	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	399 Tennis Lane,	
6.3 STREET ADDRESS	Winter Haven FL 33881	
6.4 CITY-ST-ZIP	Winter Haven FL 33881	

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 **SECRETARY OF STATE** **Elizabeth K. Bosch** **59-2802152**

CR2E037 (9/96)