

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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.**  
**1000 ROCK LANE**  
**WINTER HAVEN FL 33881**  
**US**

**307 Hernando Dr.**  
**WINTER HAVEN FL 33884**  
**US**



3. Date Incorporated or Qualified

**06/19/1984**

4. FEI Number

**59-2802152**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Chain O'Lakes Conven-**  
**22 tion Center**

**26 Winter Haven, FL 33880**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOSCH, ELIZABETH</b>	
STREET ADDRESS	<b>1000 ROCK LANE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARRUTH, JOAN</b>	
STREET ADDRESS	<b>307 HERNANDO DR.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAHR, HARRIET</b>	
STREET ADDRESS	<b>172 AUGUSTA BOX</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>RSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNG, WANDA</b>	
STREET ADDRESS	<b>200 WOKERLINE LANE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>CSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEULAH, KATHRYN</b>	
STREET ADDRESS	<b>134 GREENVIEW DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MATLAK, KM</b>	
STREET ADDRESS	<b>399 TENNIS LANE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joan Carruth</b>
1.3 STREET ADDRESS	<b>307 Hernando Dr.</b>
1.4 CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mary Wynne</b>
2.3 STREET ADDRESS	<b>2011 Brentwood Drive</b>
2.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Elna Wiisanen</b>
3.3 STREET ADDRESS	<b>2048 King's Crossing S.W.</b>
3.4 CITY-ST-ZIP	<b>Winter Haven, FL 33880</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Ruth Marquardt</b>
4.3 STREET ADDRESS	<b>1035 Laurel Hills Ct.</b>
4.4 CITY-ST-ZIP	<b>Haines City, FL 33844</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CSD</b>
5.3 STREET ADDRESS	<b>Beulah McKnight</b>
5.4 CITY-ST-ZIP	<b>P.O. Box 116</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Dundee, FL 33838</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Joan Carruth* **Joan Carruth**

**March 13, 1998 941-324-4829**

CR2E037 (10/97)