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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N04183

(2)

Principal Pla %JANICE L 4240 APRIL	ce of Business HERVIEUX ROAD A FL 32504;	Mailing Address MJANICE L. HERVIEL 4240 APRIL ROAD PENSACOLA FL 3250	JX				
					 Date Incorporated or Qualified 07/13/1984 	3a. Date of Lat 01/23/	st Report /1995
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2421347		Applied For Not Applicable
Suite, Apt. #, etc. Suit 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
City & State		City & State		6. Election Campaign Financing	F80	e Required	
23	0	28			Trust Fund Contribution		00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Cour 30	itry	8. This corporation has liability for		s. 199.032,
	9. Name and Address of Curre		1901		Florida Statutes 10. Name and Address of New	Yes No	
				81 Name	10. Natio and Address Of New	negistered Agent	·
HERVIE	EUX, JANICE L		Ļ				
4240 APRIL ROAD			- 1	82 Street	Address (P.O. Box Number is Not Accepta	ble)	
PENSA	COLA FL 32504		li li	B3			
			L				
]1	B4 City		FL 85 2	Zip Code
11. Pursuan or registr familiar v	t to the provisions of Sections 617,050 ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	12 and 617.1508, Florida Staturida. Such change was author tion 617.0503, Florida Statute	ites, the abovized by the co	e-named co orporation's	prporation submits this statement for the puboard of directors. I hereby accept the app	urpose of changing its pointment as registere	registered office ad agent. I am
SIGNATURE							
-10	Signature, typed or printed name of registered age:			gent signature re	equired when reinstating)	DATE	
12.	T PD	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12
NAME	LEWIS, LILLIAN	DELETE	1.1 T(T)	E		Change	Addition
	4000 141100 1111 1111 1111	.n	1.2 NAM	4E			
STREET ADDRESS	PENSACOLA FL	U	1.3 STR	EET ADDRESS			
CITY-ST-ZIP TITLE	VPD	Fibrurie		r-ST-ZIP			
NAME	BACHTEL,MARY A.	DELETE	2.1 TiTL			Change	Addition
	A4AA ADDUTUA DD		2.2 NAN	- 1			l
STREET ADDRESS	PENSACOLA FL		1	EET ADDRESS			1
CITY-ST-ZIP TITLE	RSD	Filhtiere		Y-ST-ZIP			
NAME	HERVIEUX, JANICE L.	DELETE	3.1 TITL	·		Change	☐ Addition
STREET ADDRESS	ANAN ARRIU RO		3.2 NAN	·-	<i>s</i>		
	PENSACOLA FL			ET ADDRESS	·		i
CITY-ST-ZIP TITLE	TD	DELETE		f-ST-ZIP			
NAME	WARD, SANDRA J.		4.1 TITL			Change	☐ Addition
STREET ADDRESS	TARA MINISTRANSIA ILIA		4. 2 NAM				
CITY-ST-ZIP	PENSACOLA FL			ET ADDRESS			•
TITLE	CSD	DELETE		-ST-ZIP			
NAME	BENTON, SHARON K.	Cincric	5.1 TITL			☐ Change	☐ Addition
STREET ADDRESS	8460 OLD SPANISH TR RD		5.2 NAM				
CITY-ST-ZIP	PENSACOLA FL			E1 ADORESS			-
TITLE		DELETE	5 4 CITY 6 1 TITL	-ST-ZIP			
NAME						☐ Change	Addition
STREET ADDRESS			6.2 NAM				
				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			i

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:

SIGNATURE:

Date

Date

Deter

Det