

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 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 # **N05977** (6)

1. Corporation Name

**NEW JERSEYANS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**449 LAKE OF THE WOODS DR  
VENICE FL 34293**

**449 LAKE OF THE WOODS DR  
VENICE FL 34293**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2579498</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KING, KARL A 449 LAKE OF THE WOODS DR VENICE FL 34293</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, LESLIE</b>	1.2 NAME	
STREET ADDRESS	<b>6998 GUNTHER ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUARRO, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>913 BECKLEY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THACKARA, LORRAINE</b>	3.2 NAME	
STREET ADDRESS	<b>333 REDWOOD ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, RUTH</b>	4.2 NAME	
STREET ADDRESS	<b>6506 HIDDEN LAKE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCIORTINO, LUCY</b>	5.2 NAME	
STREET ADDRESS	<b>1148 ROYAL ROAD</b>	5.3 STREET ADDRESS	<b>BARTHOLOMEW, DOUGLAS</b>
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	<b>853 Morgantowne Way</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, RITA</b>	6.2 NAME	
STREET ADDRESS	<b>1070 S. VENICE BLVD.</b>	6.3 STREET ADDRESS	<b>Venice, FL 34292</b>
CITY-ST-ZIP	<b>VENICE FL</b>	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)(l), 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:

*Leslie Anderson*

March 12, 1998

(941) 475

CR2E037 (10/97)