FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08991** **(4)**

1. Corporation Name
ALPHA VILLAGE TAXPAYERS & CIVIC ASSOCIATION, INC

Principal Place of Business	Mailing Address
7251 ASHLAND ST ZEPHYRHILLS FL 33540	7251 ASHLAND ST ZEPHYRHILLS FL 33540

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **04/30/1985**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0391229** ☐ 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**

FRIEND, ARTHUR
7251 ASHLAND DR
ZEPHYRHILLS FL 33540

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, MARILYN		1.2 NAME		
STREET ADDRESS	7142 LANDOVER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, MILBURN		2.2 NAME		
STREET ADDRESS	7312 LANDOVER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHRYHILLS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAIGHT, MARY LOU		3.2 NAME		
STREET ADDRESS	7323 LEHIGH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, EDNA		4.2 NAME		
STREET ADDRESS	38525 CAMDEN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARMON, CARLYLE		5.2 NAME		
STREET ADDRESS	38620 PIEDMONT AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUSHLOW, DAVID		6.2 NAME		
STREET ADDRESS	7229 LANDOVER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)