


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08991 (4)
1. Corporation Name
ALPHA VILLAGE TAXPAYERS & CIVIC ASSOCIATION, INC



Principal Place of Business 7251 ASHLAND ST ZEPHYRHILLS FL 33540	Mailing Address 7251 ASHLAND ST ZEPHYRHILLS FL 33540-1415
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/30/1985	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0391229		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election, Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Marilyn J. Peters 82 Street Address (P.O. Box Number is Not Acceptable) 7142 LANDOVER DR. 83 84 City Zephyrhills FL 85 Zip Code 33540			
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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 *Marilyn J. Peters* (NOTE: Registered Agent signature required when reinstating) DATE **1-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUNNINGHAM, MILBURN		2.2 NAME	
STREET ADDRESS 7312 LANDOVER DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VPD Jim Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUSHLOW, DAVID		6.2 NAME	
STREET ADDRESS 7229 LANDOVER DR.		6.3 STREET ADDRESS 7329 Applegate	
CITY-ST-ZIP ZEPHYRHILLS FL		6.4 CITY-ST-ZIP Zephyrhills, FL 33540	

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.

CR2E037 (9/96)