

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>7251 ASHLAND ST ZEPHYRHILLS FL 33540</b>	Mailing Address <b>7251 ASHLAND ST ZEPHYRHILLS FL 33540</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/30/1985</b>	4. FEI Number <b>65-0391229</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PETERS, MARILYN J  
7142 LANDOVER 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	85 Zip Code
			<b>FL</b>	

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

TITLE	PO	<input type="checkbox"/> DELETE
NAME	PETERS, MARILYN	
STREET ADDRESS	7142 LANDOVER DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, MILBURN	
STREET ADDRESS	7312 LANDOVER DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAIGHT, MARY LOU	
STREET ADDRESS	7323 LEHIGH CT.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, EDNA	
STREET ADDRESS	38525 CAMDEN AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARMON, CARLYLE	
STREET ADDRESS	38620 PIEDMONT AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILSON, JIM	
STREET ADDRESS	7329 APPLGATE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S GERTRUDE MEAD</b>
3.3 STREET ADDRESS	<b>7235 ASHLAND DR.</b>
3.4 CITY-ST-ZIP	<b>ZEPHYRHILLS FL.</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T THIBERT DAN</b>
4.3 STREET ADDRESS	<b>7232 OMEGA CT</b>
4.4 CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:

*Marilyn J. Peters*

3/12/98 813-783-8781

CR2E037 (10/97)