

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12887** (8)

1. Corporation Name

DEPARTMENT OF THE SOUTH, INC.

Principal Place of Business

**7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233**

Mailing Address

**7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1986		3a. Date of Last Report 07/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2622256		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GRZELAK, JEFFERY H.
7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233**

10. Name and Address of New Registered Agent

81 Name	SAME
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 *Jeffery H Grzelak* *Jeffery H Grzelak* **4/21/97**
Signature of officer or director for 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, LUIS	1.2 NAME	MIKE JONES
STREET ADDRESS	285 WEST MASHTA DRIVE	1.3 STREET ADDRESS	740 CAROLINA AVE
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRZELAK, JEFF H	2.2 NAME	JEFF H GRZELAK
STREET ADDRESS	7214 LAUREL HILL RD	2.3 STREET ADDRESS	7214 LAUREL HILL ROAD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32818-5233
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, JOSEPH	3.2 NAME	JOHN POE
STREET ADDRESS	827 MARLOWE AVE	3.3 STREET ADDRESS	1203 N. 17th Street
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSS, JOHN	4.2 NAME	DOUG WOODALL
STREET ADDRESS	519 PARK LAKE ROAD	4.3 STREET ADDRESS	4441 BIRKENHEAD
CITY-ST-ZIP	ROSSVILLE GA	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL, ROGER	5.2 NAME	ROGER WEIL
STREET ADDRESS	5504 BLUEJACK OAK CIRCLE	5.3 STREET ADDRESS	5504 BLUEJACK OAK CIRCLE
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Jeffery H Grzelak* **JEFFERY H GRZELAK** **4/21/97** **407-295-7510**
Signature of officer or director for printed name of signing officer or director Date Daytime Phone # 0017378

CR2E037 (9/96)