FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N13227

(6)

SPRUCE POINT, INC.

Principal Place of Business Mailing Address								
	e creek blvd. E Each fl 32124	1896 SPRUCE CREEK BLV DAYTONA BEACH FL 3213						
					3. Date Incorporated or Qualified 01/29/1986	3a. Date of Las 02/02/		
2. Principal Pl	rincipal Place of Business 2a. Mailing Address 26			4. FEI Number 59-2675140		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip 4	Country 25		Countr 10	у	1	Yes No	s. 199.032,	
	9. Name and Address of Cur	rent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	legistered Agent		
			81	Name				
THOMPSON, JAY C				Street Ac	Address (P.O. Box Number is Not Acceptable)			
1896 SPRUCE CREEK BLVD E								
DAYTO	NA BEACH FL 32124		83	"				
			84	City		FI 85 2	Zip Code	
familiar wi SIGNATURE	ith, and accept the obligations of, S Signature, typed or printed name of registered as	ection 617.0503, Florida Statutes.			oard of directors. I hereby accept the app	DATE		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	STD	DELETE	11 TIFLE			☐ Change	Addition	
NAME	THOMPSON, JAY C		1.2 NAME					
STREET ADDRESS	1896 SPRUCE CREEK BV	E	13 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP			- Line	
TITLE	PD	☐ DELETE 2				Change	Addition	
IAME	FRIEDMAN, RICHARD A	-	2.2 NAME					
STREET ADDRESS	1896 SPRUCE CREEK BV	t		T ADDRESS				
CITY - ST - ZIP TITLE	DAYTONA BEACH FL DV			- ST - 21P	Change Addition		Addition	
	BREAM, JOHN	Постен	3 1 TITLE 3 2 NAME			onling		
name Street address	170 BINGAMAN RD.			ET ADDRESS				
STREET AUUMESS City-St-Zip	ORTANNA PA		3.3.5 Inti					
TITLE	VIII/NUW I A	DELETE	4 1 TIFLE			☐ Change	Addition	
NAME			4. 2 NAM				_	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			1	·ST-ZIP				
TITLE		DELETE	5 1 TITLE			Change	Addition	
			_	I				

5.3 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

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 en this ground report or supplemental and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the effortation or the receiver or tastee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if charged, on an attachmonowith in address.

Change

Addition