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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am **Secretary of State**

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1. Corporation Name

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Principal Place	of Pupinges	Mailing Address		<u>-</u>	•		
	F COLUMBUS COUNCIL NO. 7399	-	LUMBUS COUNCIL NO. 7399				
P.O. BOX-1455		P.O. BOX 1455					
ORANGE PARK	FL 32067-1455	ORANGE PARK FL 320	067-1455	1100001			
						_	
		2a. Mailing Address		3. Date Incorporated or Qualife	d		
2. Principal Pla	Ce of Business	26		02/06/1986			
Suite, Apt. #	etc :	Suite, Apt. #, etc.		4. FEI Number			ed For
22		27		59-2804027			pplicable
City & State	741	City & State		5. Certificate of Status Desired		\$8.75 Add Fee Requ	
23		28					
Zip	Country	Zip	Country	6. Election Campaign Financin	g 🗆	\$5.00 M Added to	
24	25	29	30	Trust Fund Contribution 10. Name and Address of Nev	Registered Ag		
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
							
O!LAUGHL	IN, FRANCIS M		82 Street Add	ress (P.O. Box Number is Not Acce	ptable)		
750 WINFF	RED DRIVE, SOUTH		83				
	ARK FL 32073				 ,	7- 0-	
	ASSET CANDON CANDON CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	•	84 City		FL	85 Zip Co	oge
magazina area estas.	o the provisions of Sections 617.050		tetutos the shove named COSI	poration submits this statement for t		anging its re	gistered
11. Pursuant t	o the provisions of Sections 617.050	of Florida, Such change w	as authorized by the corporati	ion's board of directors. I hereby ac	cept the appointr	nent as region	Stered
office or re	n familiar with: and accept the obligation	tions of, Section 617.0503	Florida Statutes.	E. "B. m." E. wat 11 for the st.	174:- 12::		
Of Agent light	n familiar with; and accept the obligation	•					
Of Agent light	n familiar with; and accept the obligation	nt and title if applicable.	(NOTE: Registered Agent signature requir	and when reinstations)	DATE		-
Of Agent light	gistered agent, or both, in the Salar n familiar with; and accept the obligation Signature, typed or printed name of registered agent	nt and title if applicable. ((NOTE: Registered Agent signature required 13.	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND		S IN 12
SIGNATURE 12.	gistered agent, or both, in the obligation familiar with, and accept the obligation familiar with, and accept the obligation of familiar with, and accept the obligation familiar with a second familiar with a seco	nt and title if applicable.	(NOTE: Registered Agent algnature requirements) 13. E 1.1 TITLE	and when reinstations)	DATE OFFICERS AND	DIRECTOR	S IN 12
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SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN PD SULLIVAN, DANIELW. 1851 HABERSHAM HARBR. DR	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered Agent eignature requir 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTOR	S IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 from an attachment with an address, with all other like empowered.

SIGNATURE: