

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:06

DOCUMENT # **N13741** (6)

1. Corporation Name  
**MPC ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984** **550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1986** 3a. Date of Last Report **02/25/1994**

4. FEI Number **66-0401609** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PACELLA, PATSY  
2369 E. MIDDLETON ROAD  
STRUTHERS OH 44471**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>PACELLA, PATSY</b>
STREET ADDRESS	<b>2369 E. MIDLOTHIAN BLVD</b>
CITY - ST - ZIP	<b>STRUTHERS OH</b>
TITLE	<b>VD</b>
NAME	<b>PACELLA, ANNA MARIE</b>
STREET ADDRESS	<b>2369 E. MIDLOTHIAN BLVD</b>
CITY - ST - ZIP	<b>STRUTHERS OH</b>
TITLE	<b>D</b>
NAME	<b>PACELLA, ROBERT</b>
STREET ADDRESS	<b>2369 E. MIDLOTHIAN BLVD</b>
CITY - ST - ZIP	<b>STRUTHERS OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Patsy Pacella Patsy Pacella 2-4-95 Date Daytime Phone #