

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N13741** (6)  
1. Corporation Name  
**MPC ASSOCIATION, INC.**



Principal Place of Business: **550 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984**  
Mailing Address: **460 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984**

3. Date Incorporated or Qualified: **02/28/1986**  
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business  
21 [ ] 2a. Mailing Address  
26 **566 SE Port St. Lucie Blvd**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 **Port St. Lucie, FL**  
24 Zip 25 Country 29 **34984** 30 **USA**

4. FEI Number: **66-0401609**  
Applied For: [ ] Not Applicable  
5. Certificate of Status Desired: [ ] **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution: [ ] **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
**PACELLA, PATSY  
2369 E. MIDDLETON ROAD  
STRUTHERS OH 44471**

10. Name and Address of New Registered Agent  
81 Name  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] 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 119.07(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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)