## 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 #	N14244
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(0)

3318 E Principal Place 11434 NW 6		Mailing Address 11434 NW 67 TERR			
193 TURKEY		193 TURKEY CREEK			
ALACHUA FI US	L 32615-9571	ALACHUA FL 32615-9571 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				04/08/1986	04/10/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
21		26		NOT AFFLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Chu e Chat	to .	City & State		6. Election Campaign Financing	\$5.00 May Be
City & Stat	le	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in-	
24	25	<del> </del>	30		Yes 🔀 No
1	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			B1 Name		
TOMUN	NSON, T F		82 Street Addi	ess (P.O. Box Number is Not Acceptable	9)
11434 I	NW 67 TERR				
193 TU	RKEY CREEK		83		
ALACH	UA FL 32615		84 City		85 Zip Code
					FL   Lab and affine
Ar registe	ered agent, or both, in the State of Flori	da. Such chance was authorized.	the above-named corpor by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi	ntment as registered agent. I am
familiar w	vith, and accept the obligations of Sec	ion 617.0503, Honda Statutes	2		11/10
SIGNATURE	T. J. Jamlen		Registered Agent signature require	Ly has go not dead.	7/1/96
12.	Signature, typed or photod name of registered agent	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 TITLE		Change Addition
NAME	TOMLINSON, MARGARET A		1.2 NAME		
STREET ADDRESS	AAAAA ABU AT TEDD		1.3 STREET ADDRESS		
CITY - ST - ZIP	ALACHUA FL		1.4 C)TY - ST - ZIP		
TITLE •	PD	DELETE	2 1 TITLE		Change Addition
NAME	TOMLINSON, T F		2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		2 4 CITY-S1-ZIP		[ Obase   F/9 43301
TITLE	SD DOLLAR O	□DELETE	3 1 TIILE		Change Addition
NAME	ALEXANDER, DONNA S		3 2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL D	DELETE	3 4. CITY - ST · ZIP 4.1 TITLE		Change Addition
TITLE NAME	GIFFORD, GEORGE	Docen	4.1 TILE 4.2 NAME		
STREET ADDRESS	TATALAN ARM AT TERR		4 3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		4 4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
C(TY-ST-Z(P			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE	1000017	Change Addition
NAME			6 2 NAME	1000017 -04/05/96010	)18018 <b>~</b>
STREET ADDRESS	s		6 3 STREET ADDRESS	***61.25	<del>-</del>
CITY-ST-ZIP			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: Margaret A. Town IX SON VI Museful Suchinic

4/1/96 Date:

904-462-0553 Dayt nie Phone # CR2E037 (12/95)