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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

FILED Feb 04 1998 8:00am Secretary of State

1. Corporation	on Name	21 (3)		' 	
STRAVA	ANNEE RIVER ASSEMBLY (OF COD INC			
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Principal Plac	ce of Business	Mailing Address		 1	
C/O RONNIE E CHRISTIAN 26471 STATE ROAD 247		C/O RONNIE E CHRISTIAN		3. Date Incorporated or Qualified	
BRANFORD FL 32008		P.O. BOX 207 BRANFORD FL 32008		09/16/1986	
US	22005	US		4. FEI Number	Applied For
				59-2240730	Not Applicable
	Place of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
 Suite, Apt. 	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes [XI No
Zip	Country	Zīp	Country	8. This corporation owes or has paid the cur	rrent year Intangible
24	25	29	30		☐ Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
_			81 Nam	• · ·	
	TAN, RONNIE E		82 Stree	t Address (P.O. Box Number is Not Acceptable)	
	Quey RD				
7756 26	64TH ST., GOVERNOR ST.		83		
BRANFO	ORD FL 32008		84 City		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-name	d corporation submits this statement for the purpose of	changing its registered
office or i	registered agent, or both, in the State	e of Florida. Such change was	authorized by the co	d corporation submits this statement for the purpose of rporation's board of directors. I hereby accept the app	ointment as registered
	an ranne was, and accept the oblig	ganoria di, dedudir di 7.0000, 1	orda Statutes.		į.
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating) DATE	
SIGNATURE		ent and title if applicable. (NO	TE: Registered Agent signatu		DIRECTORS IN 12
	OFFICERS AN			re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		
12. TITLE	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD CHRISTIAN, RONNIE E	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME	OFFICERS AN PD CHRISTIAN, RONNIE E 7756 264TH ST., GOVERNOR	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD CHRISTIAN, RONNIE E 7756 264TH ST., GOVERNOR BRANFORD FL VD	D DIRECTORS DELETE R ST.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	
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a shall have the same legal effect as if made under oath; that I am an fred by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: