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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS\*

1996

DOCUMENT #

1. Corporation Name N18698

(3)

FILED SS AUG 28 AM 10: 51

SHORETARY OF STATE

ACHOSSIOWN COFFEEHOUSE INC.  Principal Place of Business Mailing Address						
1314 NE 13TH ST GAINESVILLE FL 32601 US		** SUSAN RUDDER Anne Orlando 1314 NE 13TH ST GAINESVILLE FL 32601		Date Incorporated or Qualified	3a. Date of Last	Report
03		US		01/12/1987	04/20/1	
2. Principal Plac	be of Business	2a. Mailing Address	110 11.00	4. FEI Number 59-2794510	<del> +</del>	Applied For Not Applicable
11 17/(	5W43ACR	26 /7/1 SW Suite, Apt #, etc.	43 fue.	<u> </u>	\$8.75	5 Additional
Suite, Apt. #,	θlC.	27		5. Certificate of Status Desired	Fee	Required
City & State	مالا '،	City & State	illa El	Election Campaign Financing     Trust Fund Contribution	1 [ ''	May Be
	Nesville Country	28 Gainesu	Country	This corporation has liability for interest.		
Zip FL	- 25 32608	29 32608	30 MSA	Florida Statutes	Yes 🔲 No	
<u> </u>	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
			81 Name	Anne Orland	<b>n</b>	
* RUDDER	. SUSAN		82 Street Addre	ess (P.O. Box Number is Not Acceptable	n	
	. 13TH ST.		<u>-</u>	1711 SW 43	yoe	
	ILLE FL 32601		83			
*			84 City	6		ip Code
•				Gainesville	oce of changing its	32608
11. Pursuant to	o the provisions of Sections 617.050 of agent, or both, in the State of Flor	2 and 617.1508, Florida Statutes rida. Such change was authorize	s, the above-hamed corporation's board	d of directors. I hereby accept the appoin	ntment as registered	d agent. I am
familiar with	, and accept the piligations of Se	tion 617.0503, Florida Statutes.	, ,	ation submits this statement for the purp d of directors. I hereby accept the appoi	~/~ ~ !	<b>'</b>
SIGNATURE	/ land H	Mando	TE Registered Agent signature required		8/22/3	16
	ignature, typical or printed name of registered ages	ND DIRECTORS (NOT	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTO	DRS IN 12
12.	D	DELETE	1 1 TITLE		Change	☐ Addition
NAME	ORLANDO, ANNIE	_	1.2 NAME			
STREET ADDRESS	1711 SW 43RD AVE		13 STREET ADDRESS	200	നെ 1 മമ	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP			1700
TITLE	D			- <u>89709</u>	1/9601001	7015
NAME		DELETE	2 1 TITLE	- <u>89709</u>	1/9601001	7015
	WALES, PAUL	DELETE	2 1 TITLE 2 2 NAME	- <u>89709</u>	1/960100 61.25	1765 7015 ****61.25
STREET ADDRESS	WALES, PAUL 1711 SW 43RD AVE.	DELETE		- <u>89709</u>	1/9601001	7015
STREET ADDRESS	1711 SW 43RD AVE.	DELETE	2.2 NAME	- <u>89709</u>	1/960100 61.25 <sup>10</sup> ₩₩	?015 ****61.25
STREET ADDRESS CITY-ST-ZIP TITLE		□DELETE	2 2 NAME 2 3 STREET ADDRESS	- <u>89709</u>	1/9601001	?015 ****61.25
CITY-ST-ZIP	1711 SW 43RD AVE. GAINESVILLE FL	_	2 2 NAME 2 3 STREET ADDRESS 2 4 C+TY - ST - ZIP	- <u>89709</u>	1/960100 61.25 <sup>10</sup> ₩₩	?015 ****61.25
CITY-ST-ZIP TITLE	1711 SW 43RD AVE. GAINESVILLE FL D	_	2 2 NAME 2 3 STREET ADDRESS 2 4 CTY - ST - ZIP 3 1 TITLE	- <u>89709</u>	1/960100 61.25 <sup>10</sup> ₩₩	?015 ****61.25
CITY-ST-ZIP TITLE NAME	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL	DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 C-TY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 C-TY - ST - ZIP	- <u>89709</u>	3/36-0100 61.25 CR	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE.	_	2 2 NAME 2 3 STREET ADDRESS 2 4 C-TY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE	- <u>89709</u>	1/960100 61.25 <sup>10</sup> ₩₩	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE. GAINESVILLE FL D	DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS	- <u>89709</u>	3/36-0100 61.25 CR	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME STREET ADDRESS	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE. GAINESVILLE FL D WILLIAMS, KRIS	DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 C-TY-ST-ZIP 3 1 TITE 3 2 NAME 3 3 STREET ADDRESS 3 4 C-TY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 C-TY-ST-ZIP	- <u>89709</u>	0.736 - 0.100 61.25 CWW.	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE. GAINESVILLE FL D WILLIAMS, KRIS 317 SE 51ST ST. GAINESVILLE FL D	DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 C-TY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 C-TY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 C-TY-ST-ZIP 5 1 TITLE	- <u>89709</u>	3/36-0100 61.25 CR	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE. GAINESVILLE FL D WILLIAMS, KRIS 317 SE 51ST ST. GAINESVILLE FL D RUDDER, SUSAN 1314 NE 13TH ST.	☐ DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP 3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TIFLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TIFLE 6 2 NAME	- <u>89709</u>	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1711 SW 43RD AVE. GAINESVILLE FL D PAINE, BILL 9710 SW 75TH AVE. GAINESVILLE FL D WILLIAMS, KRIS 317 SE 51ST ST. GAINESVILLE FL D RUDDER, SUSAN 1314 NE 13TH ST.	☐ DELETE	2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 6 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE	- <u>89709</u>	Change	Addition

I do nereby certify that the information supplied with this litting is voluntarily ionitisted and todes not qualify for the exemption stated in declared in the same legal effect as if made under 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 charged, or on an attachment with an address.

SIGNATURE: \_

Inno Orther On Director Anne Orlando Dela

352-377-2637