

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20466 (1)
 1. Corporation Name
ZEPHYRHILLS GRANGE, NO. 194 INC.



Principal Place of Business SENIOR CENTER 35046 GLOSSOM CR ZEPHYRHILLS FL 33540 US	Mailing Address 5138 WOOD ST. 35046 GLOSSOM CR ZEPHYRHILLS FL 33541 US
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3. Date Incorporated or Qualified 05/04/1987	3a. Date of Last Report 04/20/1995
4. FEI Number 23-7215492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RISING, MARIE N.
5138 WOOD STREET
ZEPHYRHILLS FL 33541**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE							
NAME	PARKS, GORDON								
STREET ADDRESS	35046 GLOSSOM CR								
CITY-ST-ZIP	ZEPHYRHILLS FL								
TITLE	D	<input type="checkbox"/> DELETE							
NAME	PARKS, DOROTHY								
STREET ADDRESS	35046 GLOSSOM CIR.								
CITY-ST-ZIP	ZEPHYRHILLS FL								
TITLE	D	<input type="checkbox"/> DELETE							
NAME	STURTEVANT, BEATRICE								
STREET ADDRESS	6825 LUM DR.								
CITY-ST-ZIP	ZEPHYRHILLS FL								
TITLE	D	<input type="checkbox"/> DELETE							
NAME	GOKEE, BERNICE								
STREET ADDRESS	122 EMORY DRIVE								
CITY-ST-ZIP	ZEPHYRHILLS FL								
TITLE	D	<input type="checkbox"/> DELETE							
NAME	HAYES, B. FRANKLIN								
STREET ADDRESS	4832 SECENO DR.								
CITY-ST-ZIP	ZEPHYRHILLS FL								
TITLE	S	<input type="checkbox"/> DELETE							
NAME	RISING, MARIE N.								
STREET ADDRESS	5138 WOOD STREET								
CITY-ST-ZIP	ZEPHYRHILLS FL								

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 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: *Marie N. Rising* **6/7/96** 813-789-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)