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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

Corporation	VICINI# IN Name	121244	, (' /									
CHAIRB	ORNE RANGERS	S, INC.											
Principal Place	of Business	····	Mailing Address										
C/O J.E. KELLEI 2440 W BAY DR			C/O J.E. KELLER 2440 W BAY DR										
LARGO FL 3464	U		LARGO FL 33770-1	633			3.		porated or Qua /1987	lified		of Last R /19/199	
2. Principal Pi	ace of Business		2a. Mailing Addr	ess			4.	FEI Numbe 59-2 3	65475				plied For t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			5.	. Certificate	of Status Desir	ed [<u> </u>	\$8.75 / Fee Re	
City & State	,		City & State				6.		empaign Financ	٠,	_	\$5.00 Added	
Zip 24	Count 25	ry	Z ip	3	Country		8.	This corpo Florida Sta	ration has liabil tutes		angible ta Yes 🔲		199.032,
	9, Name and Addr	ess of Current	Registered Agent				10.	. Name and	Address of N	lew Regis	stered Ag	ent	
					81	Name							
KELLER, JOHN E., JR. 2440 W BAY DR						Street	Address (f	P.O. Box Nu	mber is Not Ac	ceptable))		
LARGO F					83			1					
					84	City		· · · · · · · · · · · · · · · · · · ·		<u></u>	FL	85 Zip (Code
			and 017 1500 Flax				cornoration	an embrolte ti	vis statement fr	or the nur	pose of c	nanging it	s registered
	to the provisions of Se egistered agent, or bo in familiar with, and ac	ctions 617,0502 th, in the State o cept the obligati	of Florida, Such chan ions of, Section 617.	da Statutes ge was au 0503, Florid	s, the above ithorized by ida Statutes	the corp :	poration's	board of dire	ectors. I hereby	accept t	he appoir	ntment as	registered
SIGNATURE									ectors. I hereby	accept t	he appoir	ntment as	registered
SIGNATURE	Signature, typed or printed nar		and title if applicable.		s, the above thorized by ida Statutes Registered Age 13.		adulied whe	n reinstating)	octors. I hereby		DATE		
SIGNATURE _	Signature, typed or printed nar	ne of registered agent DEFICERS AND	and title if applicable.	(NOTE: I	Registered Age		adulied whe	n reinstating)			DATE		IS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed har PD HUMBERSTONE,	ne of registored agent DFFICERS AND ROBERT	and title if applicable. DIRECTORS	(NOTE: I	Registered Age		adulied whe	n reinstating)			DATE	IRECTOR	IS IN 12
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