FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N21459

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Feb	18	1998	8:00am
Se	ecre	tary o	of State

I		I DE MINIO PER LIBERT EN ALL DIRECTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE L	
Principal Place of Business Mailing Address			HI DIRIT BIBLI BIBLI DIBA IODI
38540- STH AVENUE P.O. BOX 735 PO BOX	735	3. Date Incorporated or Qualified 06/30/1987 4. FEI Number	Applied For
Principal Place of Business 2a. Mailing Address	···	59-6562281 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			Fee Required
27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State 28		7. Is this nonprofit corporation a homeowner.	s association?
Zip Couritry Zip	Country	8. This corporation owes or has paid the cur	
24 25 29	30		SLYes □ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
	81 Name	Maggie Mighio	
SAYERS, LOIS M	82 Street Ad	Maggie Mishic Idress (P.O. Box Number Is Not Acceptable) 39235 Village Chase	
6621 FOXMOOR DR	-	39235 Village Chase	
ZEPHYRHILLS FL 33541	83	Zephyrhills	
!	84 City	Zenhyrhille FL	85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statut	les the shove-named co	Zephyrhills F-	changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statut office or registered agont, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of Section 617.0503, Florida.	authorized by the corpor	ration's board of directors. I hereby accept the app	ointment as registered
	Maggie Mi	shic 2/12/98	
SIGNATURE 1) a g 11 x) llls fuce Signature, lyped or printed jugin of registered agent and title if applicable (NO)	E: Registered Agent signature req		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE PD DELETE	1.1 TITLE	PD	Change
NAME MERK, THELMA	4 4 114145	Virginia Sayer	
STREET ADDRESS 5906 AVOCADO ST	1.3 STREET ADDRESS	6621 Foxmoor Dr	
CITY-ST-ZIP ZEPHYRHILLS FL	1.4 CITY-ST-ZIP		
TITLE VPD DELETE	2.1 MILE	Zephyrhills, FL 33541 VPD	Change
NAME DAVIS, LOIS	2.2 NAME	VI D	
STREET ADDRESS 35145 GARBER LN		Emilie Mastin	
CITY-ST-ZIP ZEPHYRHILLS FL		6413 Laurelwood Dr	Change Addition
TITLE VPD DELETE		Zephyrhills F1 33541	Change Addition
FREMAN, RUTH STREET ADDRESS 4751-17TH STREET	3.2 NAME		
TOTAL WILLIAM LA CO	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE SO DELETE	4.1 TITLE		Change Addition
NAME OLSZEWSKI, BETTY	4. 2 NAME		
STREET ADDRESS 5307 BETTY STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP ZEPHYRHILLS FL	4.4 CITY-ST-ZIP		
TITLE CSD DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME RAY, WILMA	5.2 NAME		
STREET ADDRESS 4717 OLIVE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP ZEPHYRHILLS FL	5.4 CITY-ST-ZIP		
TITLE T DELETE	6.1 TITL€ T]	D	Change Addition
NAME SAYER, LOIS M	6.2 NAME M	aggie Mishic	
STREET ADDRESS 6821 FOXMOOR DR	6.3 STREET ADDRESS 3	9235 Village Chase	
CITY-ST-ZIP ZEPHYRHILLS FL		SPATALLS EL S.33540	

I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 11907(3)(i), Florida Statutes -1 famor 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 tho 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:

Maggie Mishic

Maggie Mishie