SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N22125

1. Corporation Name

FARQUHARSON ACLF INC.

Principal Place of Business EVELYN FARQHARSON 4363 NW 202ST

Mailing Address **EVELYN FARQHARSON**

4363 NW 202ST

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90010 027 ****70.00



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30 Trust Fund Contribution Added to F 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its report office or registered agent, or bit, or bit, or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment a registered agent, or bit, or bit, or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, or bit, or		Cou	intry	,)	Cou	ntrv		-	6 Election Ca	mosion Financino		\$5.0)n M	av Be
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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 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 regist agent, and families with any absociety the obligations of, Section 619.0503, Florida Statutes. SIGNATURE Supruck, typed or printed the provision of the purpose of changing its register of the provision of the purpose of changing its register of the provision of the provision of the provision of the purpose of the purpose of the provision of the purpose of the purpos							83								
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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, with all other like empowered.