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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22321 (6)

1. Corporation Name
BRIESE LANE ACRES, INC.



2. Principal Place of Business
C/O VIRGINIA RUTH BUTLER
2691 W. ROBERTS RD.
CANTONMENT FL 32533

Mailing Address
C/O VIRGINIA RUTH BUTLER
2691 W. ROBERTS RD.
CANTONMENT FL 32533-7475

3. Date Incorporated or Qualified 09/02/1987
3a. Date of Last Report 04/12/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2878272	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTLER, VIRGINIA RUTH 2691 W. ROBERTS RD. CANTONMENT FL 32533				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES/D
NAME	ANDERSON, JOYCE	1.2 NAME	MARQUERITE GASPARD
STREET ADDRESS	8341 SUNNYVALDE BOX #3	1.3 STREET ADDRESS	8343 SUNNY LANE
CITY-ST-ZIP	PENSACOLA FL 32534	1.4 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	VPD	2.1 TITLE	
NAME	YOUNG, CHARLES	2.2 NAME	
STREET ADDRESS	296 SUNNY ACRES LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	BUTLER, VIRGINIA R	3.2 NAME	
STREET ADDRESS	2691 W. ROBERTS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: VIRGINIA RUTH BUTLER *Virginia Ruth Butler* 2/20/97 904-477-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073377

CR2E037 (9/96)