

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22321 (6)
1. Corporation Name
BRIESE LANE ACRES, INC.



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
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3. Date Incorporated or Qualified 09/02/1987	Applied For <input type="checkbox"/>
4. FEI Number 59-2878272	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BUTLER, VIRGINIA RUTH
2691 W. ROBERTS RD.
CANTONMENT FL 32533**

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 _____ (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	PD
NAME	GASPARD, MARQUERITE	1.2 NAME	JOYCE ANDERSON
STREET ADDRESS	8343 SUNNY LANE	1.3 STREET ADDRESS	8341 SUNNY LANE
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	VPD	2.1 TITLE	VPD
NAME	YOUNG, CHARLES	2.2 NAME	TROY WILLIAMS
STREET ADDRESS	206 SUNNY ACRES LANE	2.3 STREET ADDRESS	8354 SUNNY LANE
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	PENSACOLA, FL 32514
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	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	ASTD
NAME		4.2 NAME	ANDREA COBB
STREET ADDRESS		4.3 STREET ADDRESS	8351 SUNNY LANE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PENSACOLA, FL 32514
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	
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NAME		5.2 NAME	
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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 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 R. Butler 2-20-98 850-477-9870

CR2E037 (10/97)