## FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N26859 (1)					
THE TA	AVARES POLICE OFFICERS	ONI MOITALOOPPA 18			
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Drin -in at Din o	a A Duainna	\$ 5 - 0			
Principal Place	e or Business	Mailing Address			
201 E. MAIN STREET TAVARES FL 32778 201 E. MAIN STREET TAVARES FL 32778			3. Date Incorporated or Qualified		
INTENTO IL UL	coru	INTRICO IL 32//0		06/08/1988	The same
				4. FEI Number 50-0004947	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		59-2904847	\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 Ch . 9 Chat		27		Trust Fund Contribution	Added to Fees
City & Stat	е	City & State		7. Is this nonprofit corporation a homeowne	ers association?
Zip	Country	Zip I	Country	8. This corporation owes or has paid the cu	
24	25	29 30	¬ '	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	l Agent
			61 Name		
SUMMERS, GARY L.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
380 WEST ALFRED STREET					
TAVARES	S FL 32778		83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes.	, the above-named cor	poration submits this statement for the purpose cation's board of directors. I hereby accept the ap	of changing its registered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change was auti- gations of, Section 617,0503, Florid	horized by the corpora da Statutes.	ition's board of directors. I hereby accept the ap-	pointment as registered
SIGNATURE		,			
	Signature, typied or printed rume of registered as		Angistered Agent signature requ		
12,		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition
TITLE NAME	DS CHERA	C DELETE	1.1 TITLE 1.2 NAME		Change C Addition
STREET ADDRESS	Baker, Sheila 201 e Main St.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	FELECCIA, DANNY	•	2.2 NAME		
STREET ADDRESS	201 E. MAIN STREET		2 3 STREET ADDRESS	•	
CITY-ST-ZIP	TAVARES FL		2.4 CITY - ST - ZIP		
TIFLE	P	☐ DELETE	3.1 TITLE		Change Addition
NAME	MICHAEL A. FRENCH		3.2 NAME		
STREET ADDRESS	201 E. MAIN STREET	,	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME	TD Quattlebaum, Vivian	C) DETEIL	4.2 NAME		CT Change CT Addition
STREET ADDRESS	201 E. MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		Change Addition
NAME	UNDERWOOD, SUE		5.2 NAME		
STREET ADDRESS	201 E. MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 component or the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 to the component of the receiver or an adaptiment with an address.

SIGNATURE:

MANTH. QUATTLE SUM.

an M. Quattlehoun 352-742-6200

**FILED** 

Apr 23 1998 8:00am

Secretary of State

2E037 (10/97)