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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N2
1. Corporation Name

194 (

FILED May 19 1998 8:00am Secretary of State

Principal Place of Business C/O TONY SPATAFORE PO BOX 852 STARKE FL 32091 US 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2f. Suite, Apt. #, etc.	\$8.7 Fe \$5.0	Applied For Not Applicable 75 Additional
PO BOX 852 STARKE FL 32091 US PO BOX 852 STARKE FL 32091 US D6/28/1988 4. FEI Number NOT APPLICABLE 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 21 26 Suite. Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution 22 27 Trust Fund Contribution 7. Is this nonprofit corporation a homeow 23 28 Yes	Fe \$5.0	Not Applicable 75 Additional
US 4. FEI Number NOT APPLICABLE 2. Principal Place of Business 28. Mailing Address 28. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28. Certificate of Status Desired Frust Fund Contribution City & State 7. Is this nonprofit corporation a homeow 28. Suite, Apt. #, etc. City & State City & State Residual State Trust Fund Contribution Yes	Fe \$5.0	Not Applicable 75 Additional
2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired 2c. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	Fe \$5.0	75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State Trust Fund Contribution Trust Fund Contribution City & State Trust Fund Contribution City & State Trust Fund Contribution City & State	\$5.0	e Required
City & State City & State 7. Is this nonprofit corporation a homeow 23 28 1	Add	DO May Be ed to Fees
	ners assoc	
Zip Country Zip Country 8. This corporation owes or has paid the		ır intangible
24 25 29 30 Personal Property Tax due June 30.	Yes	Y No
9, Name and Address of Current Registered Agent 10. Name and Address of New Register	ed Agent	
81 Name		
DICKERSON, BENJAMIN F. 1421 SOUTH WATER STREET 82 Street Address (P.O. Box Number is Not Acceptable)		
STARKE FL 32091 83		
84 City	EL 85	Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	E	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A		
TITLE DELETE 1.1 TITLE	Char	nge Addition
NAME GOWANS, EDITH 12 NAME STREET ADDRESS 129 SO PARKER STR 1.3 STREET ADDRESS		
OTABLE EL		
CITY-ST-ZIP STANKE PL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE	☐ Chai	nge Addition
NAME SPATAFORE, TONY 2.2 NAME		
STREET ADDRESS PO BOX 852 NA 23 STREET ADDRESS		
CITY-ST-ZIP STARKE FL 2.4 CITY-ST-ZIP		
TITLE TD DELETE 3.1 TITLE	Chai	nge Addition
NAME FRANCIS, LEVERETT 3.2 NAME		
STREET ADDRESS 5751 SE 55TH TERRACE 3.3 STREET ADDRESS		
CITY-ST-ZIP KEYSTONE HEIGHTS FL 3.4. CITY-ST-ZIP	17.	Aune :
TITLE LIDELETE 4.1 TITLE	☐ Char	nge L Addition
NAME 4.2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-\$T-ZIP 4,4 CITY-\$T-ZIP TITLE DELETE 5.1 TITLE	☐ Char	nge Addition
NAME 52 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 61 TITLE	Char	nge 🔲 Addition
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS 1		
CITY-ST-ZIP 6.4 CITY-ST-ZIP		

indicated on this annual report or supplies with this ring goes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information indicated on this annual report or suppliemental 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, ex on an attachment with an address.

CICNIATURE.

Meranon

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