

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 14 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 # N27787 (3)**

1. Corporation Name  
**CASA 12, INC.**



Principal Place of Business Mailing Address  
**2041 TECH PLACE TALLAHASSEE FL 32308**  
**1006 WAVERLY ROAD TALLAHASSEE FL 32312-2814**

3. Date Incorporated or Qualified **08/08/1988** 3a. Date of Last Report **05/28/1996**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **59-2915458** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DOUGHERTY, RALPH C.**  
**1006 WAVERLY ROAD**  
**TALLAHASSEE FL 32312-2814**

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	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROTEAU, KATHLEEN</b>	
STREET ADDRESS	<b>2928 PARRISH DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEST, STANLEY</b>	
STREET ADDRESS	<b>HWY. 287</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, HUGH</b>	
STREET ADDRESS	<b>3028 WALDEN RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMS, JACK</b>	
STREET ADDRESS	<b>1321 WOODGATE WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGHERTY, RALPH</b>	
STREET ADDRESS	<b>1006 WAVERLY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE <b>OK</b>
NAME	<b>HINES, DIANE</b>	
STREET ADDRESS	<b>3736 FORSYTHE WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ganyard, Elizabeth</b>	
1.3 STREET ADDRESS	<b>3755 Ravine Dr.</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee FL 32312</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Yon, Phillip</b>	
2.3 STREET ADDRESS	<b>129 Boardwalk Ln</b>	
2.4 CITY-ST-ZIP	<b>Tallahassee FL 32301</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Ralph Dougherty **2/11/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008435

CR2E037 (9/96)