FILE NOW:	<b>FILING</b>	FEE IS	\$61.25
-----------	---------------	--------	---------

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

Surface, Apit 4, office  22		1996	DIVISION OF C	DIVISION OF CORPORATIONS				
Principal Place of It Burness Mailing Adversal SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  3. Date Procedured Tuncounce of Supposes SARASOTA RT. 94200  5. Control of Status Decreate Tuncounce Tuncounce of SarASOTA RT. 94200  5. Control of Status Decreate Tuncounce Tuncounce Office of Status Decreate Tuncounce T	1. Corporatio	IT INCLUS	• •					
Substantial Diseases   Sand Solid Rt 1922   Sand Rt 1922   S	122,1	OCCITION ON INCOME				I 1889 ilan 1880 ila	AIAI AIAIX AYAYI AIAII AJI	
P O BOX 48227 SARASOTA F1 34228  2. Principal Places of Repress  2. Maling Address  3. Maling Address  4. FEI Number  6. Certificate of State	Principal Place of Business Mailton Address							
SARASOTA FL 34280  SARASOTA FL 34280  2. Perropai Place of Business 2. Perropai Place of Busines	3 3 3							
2. Principal Plates of Business   2n. Mailing Address   22n. Maili				RIND				
2. Principal Pilote of Business   2a. Mailing Andress   2a. Mailing Andress   2a. Mailing Andress   2a. Mailing Andress   2b.   1. Principal   2b.			US			Date Incorporated or Qualified	3a. Date of Last	Report
Soft April 4, etc.    Soft April 4, etc.   Soft Apr	<b>A</b> Direct (D)	(5)						
Section   Sect		ace of Business		chinatus B	hed		<del></del>	- <del> </del>
City & State   27	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>undion o</del>	17.4		\$9.7	
25   Section Settings of Principle of Contribution   Science Agent   Section Settings   Section Section Settings   Section Settings   Section Settings   Section Section Settings   Section Section Section Settings   Section		0				Certificate of Status Desired	384	
29   Country   29   C	'	·		n FL				•
28   28   29   3	Ζφ	<b>⊢</b> ′	Zip att And	Country				
MITCHELL, DAVID M. 219 SOUTH ORANGE AVENUE SARASOTA FI. 34236  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Horida Statuties, the above-named corporation submits this statement for the purpose of changing its registered officer or registered depent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered officer or registered depent, and accept the obligations of, Section 617,0503, Florida Statuties.  SIGNATURE  12.	24			30 USA		Florida Statutes	Yes 🔲 No	
219 SOUTH DRANCE AVENUE SARASOTA FL 34236  84  Cory  FL  85  Cory  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 officing framilier with, and accept the obligations of Social 617,0503, Florida Statutes.  SIGNATURE  Beyon in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby scoopt the appointment are registered again. I am for the purpose of changing its registered officing framilier with, and accept the obligations of, Social 617,0503, Florida Statutes.  SIGNATURE  Beyon in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby scoopt the appointment are registered again. I am for the purpose of changing its registered officing. I am advanced to directors. I hereby scoopt the appointment are registered again. I am for the purpose of changing its registered officing. I am advanced to directors. I hereby scoopt the appointment are registered again. I am for the purpose of changing its registered officing. I am advanced to directors. I hereby scoopt the appointment are registered again. I am for the purpose of changing its registered officing. I am advanced to directors. I hereby scoopt the appointment are registered again. I am for the purpose of change its registered again. I am for the purpose of changes its registered again. I am advanced to the province of the purpose of changes in a purpose of changes and purpose of ch		3. Number and Address of Carren	it tiefisioien Wheiit	81 Name	···	10. Name and Address of New He	gistered Agent	
219 SOUTH ORANGE AVENUE SARASOTA FL 34236  A City  FL S 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 officing for registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I em the statement for the purpose of changing its registered officing for the corporation's board of directors. I hereby accept the appointment as registered agent, I em the statement for the purpose of changing its registered officing for the corporation's board of directors. I hereby accept the appointment as registered agent, I em the statement for the purpose of changing its registered officing or the appointment as registered officing or the purpose of the purpose of changing its registered officing or the purpose of the purpose of changing its registered officing or the purpose of the purpose of changing its registered officing or th	MITCHE	ELL, DAVID M.		82 Street	Addres	s (P.O. Boy Number is Not Acceptable		
11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am 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 a corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office.  Interpolation and the corporation's board of directors. I hereby accept the appointment as registered office.  Interpolation and accept the appointment as registered office. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered office.  Interpolation and accept the corporation's board of directors. I hereby accept the appointment as registered office.  Interpolation and accept the corporation's board of directors. I hereby accept the appointment as registered office.  Interpolation and accept the corporation's accept the corp	219 SOUTH ORANGE AVENUE			Audres	s (r.o. box nomber is not acceptable	, 		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered officing or registered eigent, 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 emit and accept the obligations of, Section 617,0503, Floridal Statutes.  SIGNATURE    Sprint is typed or printer carrier of eigened upon and the a application.   Another the proportion of the provisions of, Section 617,0503, Floridal Statutes.	SARAS	OTA FL 34236		83				
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, no thin, in the State of Florida, Such Independent of the purpose of of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socion 617,0503, Florida Statutes.  SIGNATURE  Signature  OFFICERS AND DIRECTORIS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  TILLY  OFFICERS AND DIRECTORIS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  TILLY  RICE, FAY  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  13. SIRELADORESS  2071 RINGLING BOULEVARD  14. CITY 51-2PP  SARASOTA FL  24. CITY 51-2PP  SARASOTA FL  24. CITY 51-2PP  SARASOTA FL  32. PAME  33. SIRELADORESS  CITY 51-2PP  SARASOTA FL  34. CITY 51-2PP  101LE  100. Change Addition				84 City			85 Zi	p Code
Signature   Sign	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named co	orporati	on submits this statement for the purp	<del> </del>	registered office
Post	or register	ed agent, of court, in the state of Figure	ua. Such chande was abmonzed	by the corporation's	board	of directors. I hereby accept the appoin	ntment as registered	agent. I am
TITLY PD   DELETE   1.1 INITE   PRO   Change   Addition   RICE, FAY   2071 RINGLING BOULEVARD   1.3 SIREET ADDRESS   1.4 CITY-ST-ZIP   SARASOTA FL   27 MANE   2.3 SIREET ADDRESS   1.4 CITY-ST-ZIP   RICE ADDRESS   1.4 CITY-ST-ZIP   2.4 MANE   2.5 SIREET ADDRESS   1.5 SIREET ADDRESS	SIGNATURE							
Till	12.				required w			DO IN 12
NAME   RICE, FAY	TITLE	PD			N	D .	Change	
City-St-ZiP   SARASOTA FL	NAME			1.2 NAME	M.	KATHLEEN SELF	A 140	~
VD			)		/00	S. WASHINGTON	1226	
NAME DIETZ, FRANCIS SIREET ADDRESS 1620 NORTH LODGE DRIVE SARASOTA FL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 24 CITY-ST-ZIP TIFLE SD SOUTH ORANGE AVENUE SIREET ADDRESS CITY-ST-ZIP TIFLE TD DELETE 41 TIFLE TD DELETE 41 TIFLE TD DELETE 41 TIFLE NAME SIREET ADDRESS CITY-ST-ZIP TIFLE D DELETE 51 TIFLE D DCLETE 61 TIFLE D DCLETE BADDRESS D DCLETE			DELETE		<i>3</i> ///	CHSOIN / PE ST		Characa
1620 NORTH LODGE DRIVE   23 STREET ADDRESS   SARASOTA FL   2 4 CITY-ST-ZIP								M Addition
DELETE   SD	STREET ADDRESS							
NAME BUTLER, CHRISTINE STREET ADDRESS 720 SOUTH ORANGE AVENUE SARASOTA FL  11ILE TD DELETE 4.1 TITLE TD DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE D Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE D DELETE 5.1 TITLE D DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.4 CITY-ST-ZIP TITLE D DELETE 6.1 TITLE D DELETE 6.1 TITLE D DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CHANGE 6.2 NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP STREET ADDRESS CTY-ST-ZIP STREET ADDRESS CTY-ST-ZIP STREET ADDRESS CTY-ST-ZIP CHANGE Addition Addition STREET ADDRESS CTY-ST-ZIP CHANGE Addition Addition	CITY-ST-ZIP			2 4 CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP SARASOTA FL  1IILE TD DELETE Addition  NAME EBERSOLE, BETH STREET ADDRESS CITY-ST-ZIP SARASOTA FL  101LE D D DELETE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP  D D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS CITY-ST-ZIP SARASOTA FL  101LE D D DELETE STREET ADDRESS CITY-ST-ZIP SARASOTA FL STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS CTABASOTA FL STREET ADDRESS	1		DELETE				☐ Change	Addition
SARASOTA FL   3.4 CITY-ST-ZIP			IC	52 14 11112	]			
TILLE			JL					
NAME   STREET ADDRESS   1858 RINGLING BOULEVARD   4.3 STREET ADDRESS   1858 RINGLING BOULEVARD   4.4 CITY-ST-ZIP			DELETE				Change	Addition
SARASOTA FL	NAME:							
TITLE         D         DELETE         5.1 TITLE         Change         Addition           NAME         BYRON, LEE         5.2 NAME			1	4.3 STREET ADDRESS				
NAME BYRON, LEE  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  DELETE  DOLLETE  61 TITLE  DAddition  NAME  HEDLEY, HAL  STREET ADDRESS  T750 17TH ST, BLOG L  SARASOTA FL  63 STREET ADDRESS  63 STREET ADDRESS  63 STREET ADDRESS					<u> </u>			
STREET ADDRESS CITY - ST - ZIP SARASOTA FL  TITLE D D DELETE Addition NAME HEDLEY, HAL STREET ADDRESS 1750 17TH ST, BLDG L  SARASOTA FL  63 STREET ADDRESS  63 STREET ADDRESS  63 STREET ADDRESS		<del>-</del>	[_]D\${}				Change	☐ Addition
CITY_ST_ZIP         SARASOTA FL         54 CITY_ST_ZIP           TITLE         D         DELETE         61 TITLE         Change         Addition           NAME         HEDLEY, HAL         62 NAME         STREET ADDRESS         43 STREET ADDRESS         63 STREET ADDRESS								
TITLE D DELETE 61 TITLE . Change Addition  NAME HEDLEY, HAL 62 NAME  1750 17TH ST, BLDG L 63 STREET ADDRESS  CAPACOTA FL	Į.			i i				
STREET ADDRESS 1750 17TH ST, BLDG L 63 STREET ADDRESS	TITLE	D	DELETE				Change	Addition
CADACOTA EL				62 NAME				
CITY-ST-ZIP SARASOTA FL  14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my discourse are my discourse and that my discourse and that my discourse are my discourse and the my discourse are my discourse and my discourse are my discourse are my discourse and my discourse are my discourse and my discourse are my discourse and my discourse are my discourse are my discourse and my discourse are my discourse and my discourse are			vith this filing is voluntarily furnish	64 CITY-ST-ZIP	lify for t	he exemption stated in Section 110.03	(QV/L) Elorida Ceca a	an 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 changer, or on an attachment with an address.

SIGNATURE: M. Sand Lune