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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29335

1. Corporation Name

REPAIRER OF THE BREACH RANCH, INC.

Principal Place of Business

C/O EDWARD P. JORDAN, II
11640 COUNTY RD. 474
CLERMONT FL 34711-9609
US

Mailing Address

C/O EDWARD P. JORDAN, II
11640 COUNTY ROAD 474
CLERMONT FL 34711-9609



2. Principal Place of Business

21 10129 Jacaranda Ave

2a. Mailing Address

26 Suite, Apt. #, etc. **SAME**

3. Date Incorporated or Qualified

11/17/1988

4. FEI Number

59-3001819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P., II
10129 JACARANDA AVE
CLERMONT FL 34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JORDAN, EDWARD
STREET ADDRESS 11640 COUNTY RD. 474
CITY-ST-ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME JORDAN, DEBRA
STREET ADDRESS 11640 COUNTY RD. 474
CITY-ST-ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME WILBURN, ADAM
STREET ADDRESS 1209 BOWMAN ST
CITY-ST-ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME WILBURN, RUBY
STREET ADDRESS 1209 BOWMAN ST
CITY-ST-ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME NEUER, ANITA
STREET ADDRESS 119 E 26 AVE
CITY-ST-ZIP WILDEWOOD NJ

TITLE D ☐ DELETE

NAME NEUER, PAUL
STREET ADDRESS 119 E 26 AVE
CITY-ST-ZIP WILDEWOOD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 10129 Jacaranda Ave
1.4 CITY-ST-ZIP Clermont FL 34711

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 10129 Jacaranda Ave
2.4 CITY-ST-ZIP Clermont, FL 34711

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS P.O. Box 12083
3.4 CITY-ST-ZIP 1211 Sumter St.
Minneapolis, FL 34712

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS P.O. Box 12083
4.4 CITY-ST-ZIP 1211 Sumter St.
Minneapolis, FL 34712

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

REPAIRER OF THE BREACH RANCH, INC.

3/11/99 (52) 394-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)