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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

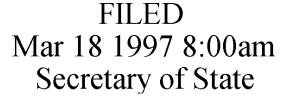
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Principal Place of Business

Mailing Address





15858 S.W. WARFIELD BOULEVARD PO BOX 244 INDIANTOWN FL 34956		PO BOX 244	15858 S.W. Warfield Boulevard Po Box 244 Indiantown FL 34956-0244		3. D	Pate Incorporated or Qualified 12/21/1988	3a. Date of La	est Report /1996	
2. Principal P	lace of Business	2a. Mailing Address			I .		1	Applied For	
21 /5201	SW Adnas Au	10 2	26			El Number 65-0089459	-	Not Applicable	
Suite, Apt.	#. etc.	Suite Ant # etc	Suite, Apt. #, etc.				¢8 ·	75 Additional	
22	. , =	1	27			ertificate of Status Desired		e Required	
City & State		City & State				lection Campaign Financing		· · · · · · · · · · · · · · · · · · ·	
23		— ·	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	29 30			Florida Statutes Yes ANO			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			8	1 Namo)	· · · · · · · · · · · · · · · · · · ·			
DAVIES, ALEPH H.			_		Charles Address (D.O. Day M. Land and Address Address (D.O. Day M. Land and Address Ad				
	.W. FAMEL BLVD.		ľ	2 Street	treet Address (P.O. Box Number is Not Acceptable)				
INDIANT	OWN FL 34956		8	3					
			8	4 City			FL 85	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the					d corporation s	submits this statement for the	ourpose of changi	na its reaistered	
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									
	Signature, typed or printed name of registered a	·		gent signalur			DATE	CLOSSICS BLI 40	
12.	PD	ND DIRECTORS DILLETE	13. 1.1 11116		PO	DITIONS/CHANGES TO OFFIC	Cha		
	SUMMERS, DELORES	C) better			2004	11 Daving	₹ CIII	inge Li Mudition	
NAME	14751 SW AMERICAN ST.		1.2 NAM		MAPA	H. Davies BI	hand.		
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TITLE	· -	L DECEIE	2.1 1171.6		Palaca	Ackhu	Cha Cha	nge [] Addition	
NAME	LAWRENCE, KATHRYN	AH (C	2.2 NAM		Edna Ackby Findinatown, FI 3 Page 14652 Sw Divot Da		_		
STREET ADDRESS	10550 SW AMARYLLIS AVE	NUE	2.3 STRE	3 STREET ADDRESS 74		1. 3W DIVIT 101	٤.		
CITY-ST-ZIP	INDIANTOWN FL			'- ST - ZIP	INVI	ONTOWN F13	4956		
TITLE	TD	☐ DELETE	3.1 111LE			/	Cha	nge [_] Addition	
NAME	MILLER, SUE C		3.2 NAM	E					
STREET ADDRESS	15500 SW PALOMINO RD.		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	INDIANTOWN FL		3.4. CITY	- \$1 - ZIP					
TITLE		☐ DELETE	4 1 TITLE				☐ Cha	nge 🔲 Addilion	
NAME			4 2 NAM	IE				j	
STREET ADDRESS			4.3 STRE	et address					
CITY-ST-ZIP			4.4 CITY	- S1 - 71P					
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	nge 🔲 Addition	
NAME			5.2 NAM	Ī.					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	- ST - ZIP					
TITLE	- Charles College	DELETE	6.1 THLE	•	1	· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition	
NAME			6.2 NAM						
STREET ADDRESS				E1 ADDRESS				ł	
CITY-ST-ZIP			6.4 CITY					İ	
	ov certify that the information suppli	ed with this bling does not qual			stated in Section	on 119 07(3)(i) Florida Statute	s. I further certify	that the	

The interpretation indicated on this annual report or suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ompowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.