FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1996

N30563

(3)

FLORIDA REGISTRY & LIVING WILL REGISTRY OF AMERI CA, INC.

C/O LINDA S. DRIGGERS 2611 GILLIS STREET PALATKA FL 32177-4239

Principal Place of Business

Mailing Address

C/O LINDA S. DRIGGERS 2611 GILLIS STREET PALATKA FL 32177-4239



3a. Date of Last Report

3. Date Incorporated or Qualified

Spite   Apil. 4, etc.   Spite   Spit							02/08/1989		05/0	1/1995
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 9, etc.   Suite, Apt. 8, etc.   Suite, Apt. 9, etc.		lace of Business	2a. Mailing Address							Applied For
27 City & State City & Country City							59-2932772			Not Applicable
City & State   City &		#, etc.	1 ·				5. Gertificate of Status Desired			
Zep   Country   Zep   Country   Zep   Street Agent   Zep		e					6 Flection Campaign Financing			· · · · · · · · · · · · · · · · · · ·
25   26   29   30   Country   29	23		—ı '	— n · · ·			, ,			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. I am for registered agent, or both in the State of Florida. Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered agent, I am Signature.  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered of femiliar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered of femiliar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered of femiliar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I am Signature to the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I am Signature to the purpose of changing its registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointm		Country	Country Zip Cou		ntry	T-7		· · · · · · · · · · · · · · · · · · ·		
10   Name and Address of New Registered Agent   10   Name and New Year   10   Name and Address of New Registered Agent   10   Name and Address   10   Name and New Registered Agent   10   Name and New	24	25	29	30						3. 199.002,
BRIGGERS, LINDA S. 2611 GILLIS STREET PALATKA FL 32077  82   Street Advisors (P.O. Box Number is Not Acceptable)  83   Street Advisors (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  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 off or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature based or prefet name of registered agent assister agent as the Pagniser of Not 1. Registered Agent agents, regarded was maintaining   DAI:		9. Name and Address of Co								
2611 GILLIS STREET PALATKA FL 32077  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered off or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board o' directors. Thereby accept the appointment as registered off familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, based or printed annior registered agent, and the Applied o					81 Name					
2611 GILLIS STREET PALATKA FL 32077  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered off or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board o' directors. Thereby accept the appointment as registered off familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, based or printed annior registered agent, and the Applied o	DRIGGE	RS. LINDA S.		-		Charact Aziola	(D.O. Boy Number is Not Assessible)			
### PALATKA FL 32077    Bas   City   FL   Bas					02	Subbu Addres	ss (F.O. box Number is Not Acceptable)			
B4   City				-	83			· · · · · ·		
TI. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or pinted none of registered agent, and their application.  OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  IT.E. D D DELETE TO ADDRESS  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-ZIP  PALATKA FL 14 GITY-ST-ZIP  ITILE D D DELETE 22 NAME  SIREET ADDRESS  CITY-ST-ZIP  DD DELETE 31 TITLE  D D DELETE 31 TITLE  D Change Addition  ANAME  SIRRET ADDRESS  SIRRET ADDRESS  THE ADDRESS ADDRESS  SIRRET ADDRESS  THE ADDRESS ADDRESS ADDRESS ADDRESS  THE ADDRESS ADDR										
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 of or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent. I am tanillar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE					84	City		E١	85	Zip Code
or registered agent, or bord on, in mediate of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 617.0503, Fonda Statutes.    Signature   Signatu	11. Pursuant t	to the provisions of Sections 617.	0502 and 617.1508. Florida Statute	s. the abov	ve-n	amed coroora	tion submits this statement for the number	o of obc	noina i	s registered office
Signature, hybrid or profest agent and their displace to Projected agent and their displace to Projected Agent agents response re	or register	red agent, or both, in the State of	Honda. Such change was authorize	ed by the co	orpo	oration's board	Lot directors. I hereby accept the appoint	ment as	registe	red agent. I am
12.	SIGNATURE	Signature, typed or printed name of registered	Lagent and title if application (NO)	1E Registered .	Agent		when rendating	DAT		
NAME   DRIGGERS, LINDA S.   12 NAME   13 STREET ADDRESS   2611 GILLIS STREET   13 STREET ADDRESS   13 STREET ADDRESS   14 G/TY-ST-ZP     14 G/TY-ST-ZP     17 TLE   D	12.	OFFICERS						RS AND	DIREC	TORS IN 12
STREET ADDRESS   2611 GILLIS STREET   1.3 STREET ADDRESS	TITLE	D	DELETE	1, 10	ιf					
STREET ADDRESS   2611 GILLIS STREET   1.3 STREET ADDRESS	NAME	DRIGGERS, LINDA S.		1.2 NAI	ME	-		•		_
Date	STREET ADDRESS			1.3 ST	REFT.	ADDRESS				
TITLE	CITY - ST - ZIP	PALATKA FL		1.4 GiT	Y-S1	T - 7:P				
NAME   REMUSAT, PATRICIA   22 NAME	TITLE		DELETE						Chanc	e Addition
1805 DATE PALM DR	NAME	REMUSAT, PATRICIA		2 2 NA	ME					
CITY-ST-ZIP         EDGEWATER FL         2 4 CITY-ST-ZIP           TITLE         D         DELETE         3.1 TITLE         Change         Addition           NAME         BROWN, ELIZABETH         32 NAME         33 STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         PALATKA FL         34 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS	STREET ADDRESS	1805 DATE PALM DR		2 3 STF	REET.	ADDRESS				
TITLE         D         DELETE         3.1 TITLE         Change         Add tion           NAME         BROWN, ELIZABETH         3.2 NAME         3.3 STREET ADDRESS <td< td=""><td>CITY-ST-ZIP</td><td></td><td></td><td>2 4 CI</td><td>fy-S</td><td>ıT-ZIE</td><td></td><td></td><td></td><td></td></td<>	CITY-ST-ZIP			2 4 CI	fy-S	ıT-ZIE				
NAME	TITLE							r	Chang	e Addition
CITY-ST-ZIP	NAME	Brown, Elizabeth	BROWN, ELIZABETH		3.2 NAME			•	<b>-</b> `	_
CITY-ST-ZIP	STREET ADDRESS	107 SABRINA LN		3 3 STF	REFF	ADORESS				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAMF           STREET ADDRESS         4.3 STREET ADDRESS	CITY -ST - ZIP									
NAME  STREET ADDRESS  4.2 NAME 4.3 STREET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	_				Γ	Chanc	je 🔲 Addition
	NAME			4. 2 NA	Mf			_		
	STREET ADDRESS			4 3 S F	REET	ADDRESS				
	CITY-ST-ZIP									
			DELETE	_				г	Chanc	e [] Addit on
NAME 52 NAME	NAME			5 2 NAI	ME	ĺ		_		
STREET ADDRESS 53 STREET ADDRESS	STREET ADDRESS			5 3 STF	REETA	ACORESS				
CITY-ST-ZIP 54 CITY-ST-7IP	Č(TY-ST-ZIP									
			DELETE	_				Γ	Chanc	e [] Addition
NAME 62 NAME	NAME			6.2 NAM	ME			_		
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS					ADDRESS				
CITY-SI-ZIP 64 CITY-SI-ZIP										
14. I do hereby certify that the information supplied with this filing 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 record or supplemental annual record is to be and accurate and that my signature shall have the same level effect on its annual record.	14. I do hereb	by certify that the information supp	lied with this filing is voluntarily furnis	shed and d	loes	not qualify for	the exemption stated in Section 119.076	3)(k), Flor	ida Sta	tutes. I further

oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Description 3-11-96 904-328-7106