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Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31134 (2)

1. Corporation Name

NCAYAR, INC.

Principal Place of Business

C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107, PRESIDENTIAL SOR
SARASOTA FL 34235

Mailing Address

C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107, PRESIDENTIAL SOR
SARASOTA FL 34235-82423. Date Incorporated or Qualified
03/13/19893a. Date of Last Report
01/25/19964. FEI Number
65-0108629Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINGLE, HELEN FONDREN
5250 17TH STREET, SUITE 107
PRESIDENTIAL SQUARE
SARASOTA FL 34235

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 PD
NAME LINGLE, HELEN FONDREN
STREET ADDRESS 5250 17TH ST., #107
CITY - ST - ZIP SARASOTA FL ☐ DELETETITLE D
NAME CURTIN, TOM
STREET ADDRESS 5 LIGHTHOUSE ROAD
CITY - ST - ZIP HATTERAS NC ☐ DELETETITLE TD
NAME MORAN, TOM
STREET ADDRESS 1605 MAIN STREET
CITY - ST - ZIP SARASOTA FL ☒ DELETETITLE VD
NAME FEENEY, JAMES
STREET ADDRESS 5700 N. TAMiami TRAIL
CITY - ST - ZIP SARASOTA FL ☐ DELETETITLE SD
NAME HOPKINS, WENDY
STREET ADDRESS 49098 HIDDEN OAK TRAIL
CITY - ST - ZIP SARASOTA FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Cupp, Mandy
3.3 STREET ADDRESS 6425 39th Ave., W
3.4 CITY - ST - ZIP Bradenton, FL 342104.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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: Helen Fondren Lingle REQUIRED

3/7/97 (941) 378-4793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0083240

CP2E037 (9/96)