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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90048 006 ****61.25

DOCUMENT #	N32167

1. Corporation Name

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2p 2g 2g 3g 3g 3g 3g 3g 3g	— , ·	e	<u></u>	State				5.	Certifcate of Status Desired		·	
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. Name and Address of New Registered Agent 22. Street Address (P.O. Box Number is Not Acceptable) 3250 THOMASVILLE ROAD FOURTH FLOOR TALLAHASSEE FL 32308 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Florids Statutes. SIGNATURE Signature, type of preventions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Florids Statutes. SIGNATURE Signature, type of preventions of sections of registered gent on the registered gent of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Florids Statutes. SIGNATURE Signature, type of preventions of registered gent on the registered gent of the provisions of directors. I hereby accept the apportment as registered? SIGNATURE 12. OFFICIERS AND DIRECTORS IN 12. TITLE PTD. ROBERTS, CHARLES W 12. NAME ROBERTS, CHARLES W 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ROB ROBERTS, MYERS ANN 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D ROBERTS, MYERS ANN 12. NAME ROBERTS, MYERS ANN 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D ROBERTS, MYERS ANN 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D ROBERTS, MYERS ANN 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D ROBERTS, MYERS ANN 15. NAME 15. NAME 16. STREET ADDRESS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D ROBERTS, MYERS AN												<u> </u>
10. Name and Address of Current Registered Agent			proma .	Г		ıtry		6.				
SMITH, W. CRIT 3250 THOMASVILE ROAD FOURTH FLOOR TALLAHASSEE FL 32308 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 registrated egent, or both, in the State of Florida, Such change was authorized by the corporation's board of director. I hereby accept the appointment as registrated, separated agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registrated, separated agent, and the floridations of, Section 617,0503, Florida Statutes, the above-named corporation's board of director. I hereby accept the appointment as registrated, separated agent, and the floridation of the floridation of the floridations of the floridations of the floridation of the floridation of the floridation of the floridations of the florid	24				30]			10		Paulatavad		Fees
SMITH, W. CRIT 3250 THOMASVILLE ROAD FOURTH FLOOR TALLAHASSEE FL 32308 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 agent. an familiar with, and accept the obligations of, Section 617,0502 inches Statutes. SIGNATURE Significant prime name of registered agent and the if applicable. PTD NAME PTD ROBERTS, CHARLES W STREET ADDRESS CITY-51-2P TITLE SD DROBERTS, MYERS ANN ROBERTS, BETTY THE DROBERTS, BETTY THIS ROBERTS, BETTY THIS ROBERTS, BETTY HIGHWAY 65 33 STREET ADDRESS CITY-51-2P TITLE DRUBETS CITY-51-2P ROBERTS, BETTY THIS ROBERTS, BETTY ROBERTS ROBERTS, BETTY ROBERTS ROBERTS, BETTY ROBERTS ROBERTS, BETTY ROBERTS, BE		5. Name and Address of Curren	it Kedisteled Ağ	Jent _	- 1	81	Name	10.	Name and Address of New F	redisteren	Agent	
3250 THOMASVILLE ROAD FOURTH FLOOR TAILAHASSEE FL 32308 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0502, Provisions of 17,0502 and 617,1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Provisions of Interest of 17,0503, Provisions of Interest of 17,0503, Provisions of Section 617,0503, Provisions of Interest of Sections of Interest of Interes	OMETI IN	ODIT			L		- Numo					
FOURTH FLOOR TALLAHASSEE FL 32308 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutus, above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, above-named corporation submits this statement for the purpose of changing its registered gagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, above-named corporation submits this statement for the purpose of changing its registered gagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, above-named corporation submits this statement for the purpose of changing its registered gagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, above-named corporation submits this statement for the purpose of changing its registered gagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, and the purpose of changing its registered gagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutus, and School of Change Addition Additi		A contract of the contract of			[82	Street Addres	ss (F	P.O. Box Number is Not Accepta	ible)		
TALLAHASSEE FL 32308 Rate City FL St Zip Code					H	83			•			
## Comment to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above ranged comporation's submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorised by the comporation's board of directors. Hereby accept the appointment are registered agent. I am familiar with, and accept the obligations of Section 617 0503, Florida Statutes. **SIGNATURE** 12.										•		
1.1. 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. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE	IALLAMA	55EE FL 323U8				84	City		•		85 Zip C	ode
Agent. I am tamillar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, Speed or printed name of regulared agent and the if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS PTD ODELETE 12. NAME ROBERTS, CHARLES W 15647 HALES PLACE, PLANTATION ROAD 15647 HALES PLACE, PLANTATION ROAD TITLE SD OBERTS, MYERS ANN STREET ADDRESS CITY-ST-ZIP ALLAHASSEE FL 32312 STREET ADDRESS CITY-ST-ZIP TITLE OBERTS, MYERS ANN 15647 HALES PLACE, PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP ALLAHASSEE FL 32312 2.4 CITY-ST-ZIP TITLE OBERTS, BETTY 3.2 NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA CITY-ST-ZIP Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE OBERTS, CHARLES W 1.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 3.2 NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE OBERTS, CHARLES W 1.2 NAME 2.2 NAME 3.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 5.2 NAME 5.3 STREET ADDRESS 1.1 TITLE OBLETE ADDITIONS/CHANGES ND DIRECTORS IN 12 Addition ADDITIONS/CHANGES ND DIRECTORS IN 12	11 Purcuant	to the provisions of Sections 617 0500	2 and 617 1508	Florida Statute	s the sh		-named comor	ation	n submits this statement for the		changing its r	enisteren
SIGNATURE	office or r	egistered agent, or both, in the State	of Florida. Such	change was au	thorized	by t	he corporation	s bo	pard of directors. I hereby accep	t the appoi	ntment as reg	istered:
12	-agent. I a	m familiar with, and accept the obligat	tions of, Section	617.0503, Flori	da Statu	tes.					4 1 7 7 7 1 37 7	. 4 % (5m)
12.	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE:	Parietared A	tnent	eigneture required u	vhen n	einstation)	DATE		
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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	STREET ADDRESS CITY-ST-ZIP TITLE NAME		ı	☐ DELETE	5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	REET # Y-ST- .E ME	ZIP				Change	☐ Addition

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

850-379-8116

CR2F037 (11/