


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33250 (4) 1. Corporation Name EVEN TIDE, INC.			
Principal Place of Business % P. ALLEN SCHOFIELD 1429 60TH AVE. W., #300 BRADENTON FL 34207		Mailing Address % P. ALLEN SCHOFIELD 1429 60TH AVE. W., #300 BRADENTON FL 34207-4697	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/19/1989		3a. Date of Last Report 03/14/1996	
4. FEI Number 65-0132439		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHOFIELD, ALLEN P 1429 60TH AVE WEST STE 300 BRADENTON FL 34207		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BROWN, DEBRA		
STREET ADDRESS	1219 2ND AVE E.		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GRUBBS, DIXIE		
STREET ADDRESS	5416 38TH ST E.		
CITY-ST-ZIP	BRADENTON FL		
TITLE	PST	<input checked="" type="checkbox"/> DELETE	
NAME	WEISBERG, PATRICIA M.		
STREET ADDRESS	1219 2ND ST E.		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	WEISBERG, PATRICIA M.		
STREET ADDRESS	1219 2ND ST E.		
CITY-ST-ZIP	BRADENTON FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Debra Brown		
1.3 STREET ADDRESS	1219 2nd Ave E.		
1.4 CITY-ST-ZIP	Bradenton, FL 34208		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Patricia M. Weisberg		
2.3 STREET ADDRESS	1219 2nd Ave E.		
2.4 CITY-ST-ZIP	Bradenton, FL 34208		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Robert Brown		
3.3 STREET ADDRESS	1219 2nd Ave E., Bradenton FL 34208		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Debra E. Brown 04/07/97 941-747-8252 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081707			

CR2E037 (9/96)