## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

. 1997

Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   Suite. App. 4, etc.   Suite. Apt. 4, etc.	DOCU 1. Corporation	MENT # N3437	9 (0)			
Principal Place of Evamess   Mailing Address	LAKE	wales amphitheater, in	IC.			
Principal Place of Evamess   Mailing Address						
LAKE WALES FL 38859 US  US  3. Date incorporated or Quefilled 3a. Date of Last Report 09/27/1989 3b. Date incorporated or Quefilled 3b. Date of Symbol 1888 3b. Date of Symbol	Principal Plac	e of Business	Mailing Address			1811 B1814 81811 B1811 B1811 B1811 B1814 B1911 BB
2. Principal Place of Examines 2. Mailing Address 2. Principal Place of Examines 2. Suito, Apt. 4. etc. 2. Suito,	LAKE WALES FL 33853		LAKE WALES FL 33859-0071			
Select Apt	00				3. Date Incorporated or Qualified 09/27/1989	
Suite, April #, circ. 22] Suite, April #, circ. 23] Suite, April #, circ. 23] Suite, April #, circ. 24] Suite, April #, circ. 25] Suite, April #, circ. 26] Suite, April #, circ. 27] Suite, April #, circ. 28] Suite, April #, circ. 29] Suite, April #, circ. 20] Suite, April #, circ. 21] Suite, April #, circ. 22] Suite, April #, circ. 23] Suite, April #, circ. 24] Suite, April #, circ. 25] Suite, April #, circ. 26] Suite, April #, circ. 26] Suite, April #, circ. 27] Suite, April #, circ. 28] Suite, April #, circ. 30] Suite, April #, circ. 31] Suite, April #, circ. 32] Suite, April #, circ. 32] Suite, April #, circ. 32] Suite, April #, circ. 33] Suite, April #, circ. 34] Suite, April #, circ. 35] Suite, April #, circ. 36] Suite, April #, circ. 37] Suite, April #, circ. 38] Suite, April #, ci		Place of Business	<u> </u>		4. FEI Number 59-0684390	Applied For
City & State   City & City & State		#, etc.				£0.75 A 446
28					b. Certificate of Status Desired	
Zip		(e	h		· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be
24		Country		Country	<del></del>	
RIGNANESE, CYTHIA CROFOOT 198 FIRST STREET SOUTH WINTER HAVEN FL 33883  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 regist office or registered agent, or both, in the State of Frorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Frorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Frorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of provided agent age	24			30	Florida Statutes	Yes No
RIGNANESE, CYTHIA CROFOOT 198 FIRST STREET SOUTH WINTER HAVEN FL 33883  84 City  FL 85 Zip Code  61 City  FL 85 Zip Code  62 City  FL 85 Zip Code  63 City  FL 85 Zip Code  64 City  FL 85 Zip Code  64 City  FL 85 Zip Code  65 Zip Code  66 City  FL 85 Zip Code  67 City  68 Zip Code  69 Zip Code  69 Zip Code  60 Zip Code  61 Zip Code  61 Zip Code  61 Zip Code  62 Zip Code  63 Zip Code  64 Zip Code  64 Zip Code  65 Zip Code  66 Zip Code  66 Zip Code  66 Zip Code  67 Zip Code		9. Name and Address of Currer	nt Registered Agent	O1 Nome	10. Name and Address of New Rec	jistered Agent
198 FIRST STREET SOUTH WINTER HAVEN FL 33883  80 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 registe office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the epipolement as registe agent. I aminar will, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DP	DIOMA	IFOE OWNIE ODOEOOT				
WINTER HAVEN FL 33883    84   City   FL   85   Zip Code				82 Street A	ddress (P.O. Box Number is Not Acceptable)	le)
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 regist office or registred agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agont a manufact with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12?  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  PERMIT, GARY W  1113 VONCILE  LAKE WALES FL  UNITE  DV  OFFICERS AND DIRECTORS IN 12.  AND DELETE  1.1 TITLE  DV  Change Activity ST-2IP  UNITE  DV  WHINDHAM, W. KEITH  1046 SANTA MARIA RD  LAKE-WALES FL  DS  OFFICERS AND DIRECTORS IN 12.  ACTIVIST-2IP  DV  WHINDHAM, W. KEITH  1046 SANTA MARIA RD  2.3 SIRRET ADDRESS  LAKE-WALES FL  DS  DS  DELETE  3.1 TITLE  DS  WILLIAMS, LAURA  P.O. BOX. 2368 MA  3.3 STREET ADDRESS  CITY ST-2IP  NME  DT  DT  DELETE  DT  DT  DT  DELETE  DT  MRE  ACTIVIST-2IP  DT  DT  DELETE  DT  MRE  ACTIVIST-2IP  DT  ACTIVIST-2IP  DT  MRE  ACTIVIST-2IP  ACTIVIST-2IP  DT  MRE  ACTIVIST-2IP  ACTIVITY  ACTIVIST-2IP  ACTIVIST-2IP  ACTIVIST-2IP  ACTIVIST-2IP  ACTIVITY  ACTIVIST-2IP  ACTIVIST-2IP  ACTIVITY  ACTIVIST-2IP  ACTIVITY  ACTIVITY  ACTIVITY  ACTIVITY  ACTIVITY  ACTIVITY  ACTIVITY				83		
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 register office or registered agent, or both in the State of Florida. Such change was suthinized by the corporation's board of directors. Thereby accept the appointment as register agent	710171621			PA City		er Zin Codo
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 register agent tan familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  122 OFFICERS AND DIRECTORS  133 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PMARE  DP  DEWITT, GARY W  1113 VONCILE  113 SIRRET ADDRESS  CITY-ST-ZP  LAKE WALES FL  113 SONCILE  113 SIRRET ADDRESS  CITY-ST-ZP  LAKE WALES FL  100 DV  101 DELETE  11 TITLE  DV  113 MARY M111er  12 MARY  Mary M111er  1050 Lake Easy Rd  CITY-ST-ZP  Babson Park, FL 3382.7  DELETE  101 DS  WILLIAMS, LAURA  WILLIAMS, LAURA  PO. BOX. 2368 NA  13 SIRRET ADDRESS  CITY-ST-ZP  LAKE WALES FL  34 CITY-ST-ZP  LAKE WALES FL  36 Change Acceptable Accep				DA City		FL   50 ZID COUR
SIGNATURE  12* OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PARE THE DP DEWITT, GARY W 1113 VONCILE LAKE WALES FL  DV DELETE  LAKE WALES FL  DV DELETE  LAKE WALES FL  DV DELETE  LAKE WALES FL  DS DELETE  DS DO TIBBETTS  CHY-SI-2P  LAKE-WALES FL  DS DS DELETE  DS DO TIBBETTS  SHEET ADDRESS  CHY-SI-2P  LAKE WALES FL  DS DS DELETE  DS DO TIBBETTS  CHY-SI-2P  LAKE WALES FL  DS DELETE  DS DELETE  DS DELETE  DS DELETE  DS DELETE  DS DO TIBBETTS  CHY-SI-2P  LAKE WALES FL  DS DELETE  DS DELETE  DS DELETE  DS DELETE  DS DELETE  DS DELETE  DS DO TIBBETTS  CHY-SI-2P  LAKE WALES FL  DS DELETE  DT DELETE  DELETE  DT DELE	11. Pursuant office or	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statut of Florida, Such change was	es, the above-named of authorized by the corp	corporation submits this statement for the proporation's board of directors. I hereby accept	urpose of changing its registered
THE   DP				orida Statutes.		,, -, -, -, -, -, -, -, -, -, -, -, -,
THE   DP	SIGNATURE	Stockhee typed or brinted name of registered and	not and life if applicable (NO)	E. Registered Agent signature r	required when reinstating)	DATE
NAME   DEWITT, GARY W   12 NAME   13 STREET ADDRESS   LAKE WALES FL   1.4 CHY-SI-ZIP   DV   DELETE   2.1 THLE   DV   MARY MITTHEN   MARY MARY MARY MITTHEN   MARY MARY MITTHEN   MARY MARY MITTHEN   MARY MARY MARY MARY MARY MARY MARY MARY	12.	OFFICERS AN	D DIRECTORS			
1113 VONCILE		_ <del>-</del> ·	DELETE	1.1 TITLE		Change Addition
City-Si-ZiP	-	,				,
DV						
NAME			T DELETE		DV	▼ Change
STREET ADDRESS CHY-ST-ZIP LAKE-WALES FL DS WILLIAMS, LAURA NAME NAME STREET ADDRESS CHY-ST-ZIP LAKE WALES FL DT THEE DT THEE DT THEE DT THEE DT THEE STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP LAKE WALES FL DT THEE DT THEE DT THEE DT THEE DT THEE STREET ADDRESS CHY-ST-ZIP LAKE WALES FL DT THEE STREET ADDRESS CHY-ST-ZIP LAKE WALES FL DELETE ADDRESS CHY-ST-ZIP LAKE WALES FL DELETE DT LAKE WALES FL DT Change AC		{ <del>-</del> -			Mary Miller	Cal Stratego C. Modition
Divide   D		•			1650 Lak≥ Easy Rd.	!
NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES FL DT TIBBETTS; DON- STREET ADDRESS CITY-ST-ZIP LAKE WALES FL DT TIBBETTS; DON- AME STREET ADDRESS CITY-ST-ZIP LAKE WALES FL DT ACTION BOX-1388 NA LAKE WALES FL DELETE ACTION BOX-1388 NA LAKE WALES FL DT ACTION BOX-1388 NA LAKE WALES FL DT ACTION BOX-1388 NA LAKE WALES FL DT ACTION BOX-1388 NA LAKE WALES FL ACTION BOX-1388 NA LAKE WALES FL DT ACTION BOX-1388 NA LAKE WALES FL					Babson Park, FL 3382	2.7
STREET ADDRESS CHY-SI-ZIP  LAKE WALES FL  DT  THRE  DT  THRE  THRETTS; DON- STREET ADDRESS CHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZIP  DELETE  STREET ADDRESS CHY-SI-ZIP  ACHY-SI-ZIP  ACHY-SI-ZI		,	DELETE			Change Addition
CITY-SI-ZIP  LAKE WALES FL  DELETE  A1 TITLE  DT  THBETTS; DON-  NAME STREET ADDRESS CITY-SI ZIP  LAKE WALES FL  A2 NAME A3 STREET ADDRESS A4 CITY-SI-ZIP A4 CITY-SI-ZIP  LAKE WALES FL  A4 CITY-SI-ZIP  LAKE WALES FL  A4 CITY-SI-ZIP  LAKE WALES FL  Change AC	NAME	1		3.2 NAME		
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NAME   TIBBETTS, DON-		4	LIbriere			
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City - St 7 IP						
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		1		5.4 CiTY+ST-ZIP		
NAME   ■ 6.2 NAME			1			
STREET ADDRESS	ļ		DELETE			Change Addition

64 CITY-S1-2IP

14. If 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

NATURE AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/92

941-676-1411 Daytime Phone # 0054008

Mar 25 1997 8:00am

Secretary of State