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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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| DNAMM | IANTIELD BAF 1131 CHUNCI | ı, II 1 0, | | | | | | | |
|--|---|--|--------------------------|-------------|---------------------------------------|---|--|------------------|--|
| Principal Place | of Business | Mailing Address | | | | | DERI MINDIO DINAI NIDIE NEDII | 6:010 B1011 (801 | |
| 4121 APPALO MIDDLEBURG US | | % JESSE W MORGAN 4121 APPALOOSA RD MIDDLEBURG FL 32068 US | | | | 3. Date Incorporated or Qualified 10/10/1989 | 3a. Date of Last 01/26/1 | | |
| 2. Principal Pla | and of Rusiness | 2a. Mailing Address | | | | 4. FEI Number | 1 | Applied For | |
| | Brannanfield Rd. | 26 | | | | 59-2989158 | | Not Applicable | |
| Suite, Apt. # | | Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desired | | | |
| | dleburg, Fl. | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| ^{Ζφ} 320 € | Country U.S. | | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.032, Flonda Statutes | | | |
| 24 3200 | 9. Name and Address of Current | Registered Agent | 30 | T | | Florida Statutes LJ 10. Name and Address of New Re | | | |
| | 5. Hamo and Address of Current | noglatered Agent | | 81 | Name | 10. 114110 4.10 11441000 07 11511 115 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| MORGAI | N, JESSE | | | B2 | Straat Addr | ess (P.O. Box Number is Not Acceptable | | | |
| 4121 AP | | | | Ollect Addi | esa (.o. Box Nambol is Not Moophable | | | | |
| | BURG FL 32068 | | | 83 | | | | | |
| | | | | 84 | City | | 85 Zip | Code | |
| | | | | | - | | FL | | |
| or registere familiar wit SIGNATURE | ed agent, or both, in the Stale of Florick th, and accept the obligations of, Sectic | a. Such change was authoriz on 617.0503, Florida Statutes | ted by the i | corpo | ration's boar | ation submits this statement for the purp d of directors. I hereby accept the appoir | ntment as registered | agent. I am | |
| | Signature, typed or printed name of registered agent a | | | | signature required | t when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | DC INL19 | |
| 12. | OFFICERS AND | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | Change | Addition | |
| TITLE NAME | VD Morey, Harry | Пресенс | 1.1 I | | | | Change | L. Madition | |
| STREET ADORESS | 3494 DEVILWOOD STR | | | | ADDRES\$ | | | | |
| CITY-ST-ZIP | MIDDLEBURG FL | | |)TY-S1 | | | | | |
| TITLE | PD | DELETE | 217 | | | | ☐ Change | Addition | |
| NAME | MORGAN, JESSE | | 22 N | IAMÉ | | | | | |
| STREET ADDRESS | 4121 APALOOSA RD | | 235 | TREET A | ADDRESS | | | | |
| C-TY - ST - ZiP | MIDDLEBURG FL | | 2.40 | CITY S | T- ZIP | | | | |
| TITLE | STD | DEFELE | 311 | HLE | | | ☐ Change | Addition | |
| NAME | GRAY, ROY | | 32 N | IAME | | | | | |
| STREET ADDRESS | 4067 BRONCO RD | | 3 3 S | STREET A | ADDRESS | | | | |
| CITY - ST - ZIP | MIDDLEBURG FL | | | CITY S | T ZIP | | | FT core | |
| TITLE | | DELÉTE | 4.1 T | | | | ☐ Change | Addition | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | MOELETE | 440 51T | DITY-SE | - ZIP | | ☐ Change | Addition | |
| TITLE NAME | | | | NAME | | | □ civilige | | |
| STREET ADORESS | | | | | ADDRESS | | | | |
| City-St-ZiP | | | | CITY-ST | | | | | |
| TITLE | | DELETE | | TITLE | <u> </u> | | ☐ Change | ☐ Addition | |
| NAME | | Briant- | | NAME | | | • | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CHTY - S1 | | | | | |
| 14. I do hereb certify that oath; that | t the information indicated on this annu- | al report or supplemental and ation or the receiver or truste | nual report ee empowe | is tru | e and accura | or the exemption stated in Section 119.0 ite and that my signature shall have the s s report as required by Chapter 617, Flor | ame legal effect as it | made under | |

SIGNATURE: SIGNATURE AND TYPED GHYAINTED NAME OF SIGNING OFFICER OR DIRECTOR