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

D	OCUN Corporation	MENT # N3581	3 (7)			
LAUREL CIVIC ASSOCIATION, INC.					S COMPANY DES ANGLI GILBE MENO SINDÒ INVENIENT GIÀN GARA GIAN GIAN GIAN GIAN GIAN GIAN GIAN GIA	
Principal Place of Business Mailing Address						1 3444 618 11 414 11 418 11 418 11 148 11
C/O SANDRA G. TERRY C/O SANDRA 1 728 CHURCH STREET PO BOX 511 LAUREL FL 34272 LAUREL FL 342						To Detect Lat David
US			US		3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 02/07/1996
2. 21	Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0187752	Applied For Not Applicable
21	Suite, Apt. #, etc. Suite, Apt. #, etc.					
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
L	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	2.1	25	29	30		Yes No
		9. Name and Address of Current			10. Name and Address of New Re	
81 Name						
TERRY, SANDRA G.				B2 Street A	Address (P.O. Box Number is Not Acceptab	ie)
728 CHURCH STREET LAUREL FL 34272				83		
1	LAUNEL	16 07212		84 City		an I Zo Codo
				1		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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						ourpose of changing its registered the appointment as registered
				lorida Statutes.		
SII	gnature _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating)	DATE
12		OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Titl		SD	☐ DELETE	1.1 TITLE		Change Addition
NA		TISH, SCOTT		1.2 NAME		
1	REET ADDRESS	1255 MUSTANG		1.3 STREET ADDRESS		
-	Y - \$1 - 21P	NOKOMIS FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TIT	j	D DECKON MILLIE	בין טכנבונ	2.1 TITLE		Crange Chanton
NAI etc	ME REET ADDRESS	BECKOM, WILLIE 109 WOODINGHAM DR.		2.2 NAME 2.3 STREET ADDRESS		
1	Y-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP		
Tit		DP	DELETE	3.1 TITLE		Change Addition
NAL	V€	TERRY, SANDRA G.		3.2 NAME		
STE	REET ADDRESS	728 CHURCH STREET		3.3 STREET ADDRESS		į
CIT	Y-St-ZIP	LAUREL FL		3.4. CITY-ST-ZIP		
TIT	LE	TD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAI	ME	PARLIER, MATTHEW W		4.2 NAME		ļ
STF	REET ADDRESS	2125 WOOD HOLLOW WAY		4.3 STREET ADDRESS		
—	Y - \$T - ZIP	SARASOTA FL	DELETE	4.4 CITY-ST-ZIP		Change Addition
I TIT			F" DECEIF	5.1 TITLE		E sugarge E source
NA				5.2 NAME 5.3 STREET ADDRESS		
!	HELT ADDRESS					
TIT	Y-ST-ZIP LE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NA:				6.2 NAME		- 187
1	REET ADDRESS			6.3 STREET ADDRESS		
"	ELI MODILION			0,0 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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.

FILED

Mar 28 1997 8:00am

Secretary of State