FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

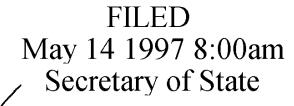
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N38054

(5)



Principal Place 2000 LEISURE WINTER HAVEN	DR., N.W.	Mailing Address 2000 LEISURE DR N.W. WINTER HAVEN FL 33881-12			
				3. Date Incorporated or Qualified 05/09/1990	3a. Date of Last Report 03/27/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# -1-	26	-	59-3018886	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zíp	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25		Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, I Yes
	9. Name and Address of Curren			10. Name and Address of New Reg	
			81 Name		
OLSON, WILFRED H. 82 Street Ac				ress (P.O. Box Number is Not Acceptab	lo\
2000 LEISURE DR., NW					
WINTER	HAVEN FL 33881		83		
			84 City		FL 85 Zip Code
dd Durayant	to the provisions of Sections 547.050	2 and C17 1500 Florida Statutos	the above general service	possion authority this statement for the n	
office or r	registered agent, or both, in the State	of Florida, Such change was au	s, the above-hamed corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
	im familiar with, and accept the obliga	ations of, Section 617.0503, Flori	ida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable (NOTE	Registered Agent's gnature requ	ared when reinstaling)	DATE
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	OLSON, WILFRED H.		1.2 NAME		
STREET ADDRESS	2000 LEISRUE DR., NW		1.3 STREET ADDRESS		į
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY- ST - ZIP		
TITLE	DT	☐ DELETE	21 TITLE		Change Addition
NAME	OLSON, LEONA V.		2.2 NAME		ţ
STREET ADDRESS	2000 LEISURE DR., NW		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MINTER HAVEN FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	KENT, ROY W.	- Decent	3.2 NAME	•	En avende En vertico
STREET ADDRESS	15955 HICKORY CORNERS F	RD	3.3 STHEET ADDRESS		
CITY-ST-ZIP	HICKORY CORNERS MI 4906		3.4. City-St-ZiP		
TITLE	VSD	DELETE	4.1 TITLE		Change Addition
NAME	ROUSEY, DEBRA		4. 2 NAME		
STREET ADDRESS	2005 LEISURE DR NW		4 3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 DITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STROUPE, L. JAMES		5.2 NAME		
STREET ADDRESS	1510 ROBINSON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-21P	I		6.4 CITY - ST - ZIP		

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 effective mental and 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

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