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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38693**

1. Corporation Name
**DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 24 SW HOLLYWOOD BLVD<br>SUITE 7<br>FT WALTON BEACH FL 32549<br>US | C/O NORMAN C. STANLEY<br>P O BOX 838<br>FT. WALTON BEACH FL 32549 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 06/20/1990 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3048303 ☐ Applied For ☐ Not Applicable |
| City & State 23 | City & State 28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BRUENNING, LEONARD E JR
24 SW HOLLYWOOD BLVD
SUITE 7
FORT WALTON BEACH FL 32548

**10. Name and Address of New Registered Agent**

81 Name: NORMAN C STANLEY
82 Street Address (P.O. Box Number is Not Acceptable): 35 MAPLE AVE
83
84 City: SHALIMAR FL 85 Zip Code: 32579

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: Norman C Stanley NORMAN C STANLEY 1-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE: PD | ☒ Change ☐ Addition |
| NAME | BRUENNING, LEONARD E JR | | 1.2 NAME: STANLEY, NORMAN C | |
| STREET ADDRESS | 117 BAYSHORE COURT | | 1.3 STREET ADDRESS: 35 MAPLE AVE | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | | 1.4 CITY-ST-ZIP: SHALIMAR FL 32579 | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE: | ☐ Change ☐ Addition |
| NAME | ARCEMONT, ELANOR | | 2.2 NAME: | |
| STREET ADDRESS | 902 HOLBROOK CIR | | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP | FT WALTON BCH FL 32547 | | 2.4 CITY-ST-ZIP: | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE: | ☐ Change ☐ Addition |
| NAME | MAYES, JOSEPH | | 3.2 NAME: | |
| STREET ADDRESS | 410 BRISTOL COVE | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP | MARY ESTHER FL 32569 | | 3.4 CITY-ST-ZIP: | |
| TITLE | | ☐ DELETE | 4.1 TITLE: | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME: | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP: | |
| TITLE | | ☐ DELETE | 5.1 TITLE: | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME: | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP: | |
| TITLE | | ☐ DELETE | 6.1 TITLE: | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME: | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP: | |

CR2E037 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** Norman C Stanley SIGNATURE REQUIRED NORMAN C STANLEY 1-7-99 8506510500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #