FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N40463

1. Corporation Name
THE ALTERNATIVE SOUTH Inc.

Principal Place of Business	Mailing Address
7290 N. SPRING RUN TERR. HERNANDO FL 34442	SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 —	26 —	Oct 1990	1995
Suite, Apt #, etc 22 HERNANDO FLORIDA	Suite, Apt #, etc 27 SAME	4. FEI Number 59-3139131	☐ Applied For ☐ Not Applicable
City & State 23 34442	City & State 28 SAME	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PATRICIA MOYER
7290 N SPRING RUN TER
HERNANDO, FL 34442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 Patricia J Moyer, Pres — PATRICIA J MOYER, PRESIDENT — DATE 4/15/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☒ DELETE	11 TITLE	P/T/D ☒ Change ☐ Addition
NAME	PATRICIA J. MOYER "D"	12 NAME	PATRICIA J. MOYER "D"
STREET ADDRESS	7290 N SPRING RUN TER	13 STREET ADDRESS	7290 N SPRING RUN TER
CITY-ST-ZIP	HERNANDO FL 34442	14 CITY-ST-ZIP	HERNANDO FLORIDA 34442
TITLE	V/D ☐ DELETE	21 TITLE	S/D ☒ Change ☐ Addition
NAME	JOHN BURGER D	22 NAME	BROOKE ZYLKA "D"
STREET ADDRESS	3480 HAINES Road	23 STREET ADDRESS	9015 106th AVE NORTH
CITY-ST-ZIP	ST PETE, FL 33704	24 CITY-ST-ZIP	LARGO FL 34647
TITLE	S/D ☒ DELETE	31 TITLE	V/D ☐ Change ☐ Addition
NAME	BROOKE ZYLKA "D"	32 NAME	JOHN BURGER "D"
STREET ADDRESS	9015 106th AVE NORTH	33 STREET ADDRESS	3480 HAINES Road
CITY-ST-ZIP	LARGO, FL 34647	34 CITY-ST-ZIP	ST PETE FL 33704
TITLE	S/D ☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LINDA CARNAGEY "D"	42 NAME	
STREET ADDRESS	2219 45th AVE NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FLORIDA 33714	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	100001797031 ☐ Change ☐ Addition
NAME		52 NAME	-04/26/96--01100--098
STREET ADDRESS		53 STREET ADDRESS	***61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Patricia J Moyer, Pres — PATRICIA J. MOYER — Date 4/15/96 — Daytime Phone # 726-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M-20-96