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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40463 (4)

1. Corporation Name

THE ALTERNATIVE SOUTH, INC.

Principal Place of Business

7290 N. SPRING RUN TERR.  
HERNANDO FL 33342  
US

Mailing Address

7290 N. SPRING RUN TERR.  
HERNANDO FL 34442-2460  
US3. Date Incorporated or Qualified  
10/08/19903a. Date of Last Report  
04/26/1996

4. FEI Number

59-3139131

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYER, PATRICIA J.  
7290 N. SPRING RUN TER.  
HERNANDO FL 34442

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

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 PTD ☐ DELETE  
NAME MOYER, PATRICIA J  
STREET ADDRESS 7290 N. SPRING RUN TERR.  
CITY-ST-ZIP HERNANDO FL 34442TITLE SD ☐ DELETE  
NAME ZYLKA, BROOKE  
STREET ADDRESS 9015 108TH AVENUE NORTH  
CITY-ST-ZIP LARGO FL 34647TITLE VD ☒ DELETE  
NAME BURGER, JOHN  
STREET ADDRESS 3480 HAINES RD.  
CITY-ST-ZIP ST. PETERSBURG FL 33704TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME ZYLKA, BROOKE  
2.3 STREET ADDRESS 4603 TARRY LANE  
2.4 CITY-ST-ZIP HOLIDAY FLORIDA 346903.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME FRED STRICKROOT  
3.3 STREET ADDRESS 4603 TARRY LANE  
3.4 CITY-ST-ZIP HOLIDAY FLORIDA4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone # 0065162

CR2E037 (9/96)