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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N42807

1. Corporation Name

(0)

JOURNEYWORK FOUNDATION, INC.					
incipal Place of	Business	Mailing Address		1 (881HB) 811 BIRIE (188) (8H) 8H	The second secon
104 DORIS AVE		1104 DORIS AVE			
TAVARES FL 32778 TAVARES FL 32778				Date Incorporated or Qualified	3a. Date of Last Report
				3. Date Incorporated or Qualified 04/03/1991	05/01/1995
Principal Place	of Business	2a, Mailing Address		4. FEI Number	Applied For
pearidut	<b></b>	26		59-3062019	Not Applicable  \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc	レイプ	5. Certificate of Status Desired	Fee Required
00.00		City & State	N/	6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032, ☐ Yes <b>K</b> No
	25	29	30	Florida Statutes  10. Name and Address of New F	
	9. Name and Address of Curr	rent riegistered Agent	81 Name		
	DD45		1 - 1	recs (P.O. Box Number is Not Acceptat	ole)
SMOKER, BRAD			82 Street Arlds	. ess (F.O. Dox Hamber to Not Acceptable)	
1104 DOR TAVARES			63		
IAVAHES	I L 32//0		84 City		85 Zip Code
•			1 - 1 - 1	oration submits this statement for the puard of directors. I hereby accept the app	FI \"
SIGNATURES	Signature aced or printed name of registered a		NE: Registered Agent signature require	ed when reinstating?  ADOHLEDNIS-CHANICLS 20 OF	DATE FIGERS AND DIRECTORS IN 12
S		AND DIRECTORS	TE Augistered Agent signature réquire  13.	ed when reinstating? ADDITIONS CHANGES 10 OF	HICERS AND DIRECTORS IN 12
2.			13. 1.1 TITLE	ad when residatings ADDITIONS CHANGES TO OF	HIGERS AND DIRECTORS IN 12
Z.	OFFICERS,  D SMOKER, BRAD	AND DIRECTORS	13. 1.1 TITLE 12 NAME	ad when reinstating?  ADDITHONS CHANGES TO OF	HICERS AND DIRECTORS IN 12
IZ. ITLE	OFFICERS, D SMOKER, BRAD 1104 DORIS AVE	AND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ed when reinstation?  ADDITIONS CRIANGES 10 OF	HICERS AND DIRECTORS IN 12
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SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 352-393-2171

Daytime Phone 1