

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 # N43400 (3)
1. Corporation Name
FLORIDA STATE LST CHAPTER, INC.



Principal Place of Business: **1901 3RD AVENUE EAST BRADENTON FL 34208**
Mailing Address: **1901 3RD AVENUE EAST BRADENTON FL 34208**

3. Date Incorporated or Qualified: **05/13/1991**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0186679		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOLM, M.M.
1901 3RD AVENUE EAST
BRADENTON FL 34208

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0602 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, M. M.	1.2 NAME	
STREET ADDRESS	1901 3RD AVENUE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENCK, HERBERT H.	2.2 NAME	
STREET ADDRESS	8401 REYNOLDS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBL, JOSEPH M.	3.2 NAME	Robert J. Smith
STREET ADDRESS	2170 EMBARCADERA WAY	3.3 STREET ADDRESS	939 Sidney Terrace
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	Pt. Charlotte, FL 33948
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEROY D.	4.2 NAME	
STREET ADDRESS	302 52ND AVE TERR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHYTE, EARLE S.	5.2 NAME	D. Merlin P. Owen
STREET ADDRESS	8995 SE 120 PL	5.3 STREET ADDRESS	4266 Castle Ave.
CITY-ST-ZIP	BELLEVIEW FL	5.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEB, RALPH B.	6.2 NAME	
STREET ADDRESS	5250 MANZ PL #310	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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: M. M. MALCOLM 2-12-96-941-747-6039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)