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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N43400

1. Corporation Name

FLORIDA STATE LST CHAPTER, INC.

Principal Place of Business	Mailing Address
7802-48TH AVE E BRADENTON FL 34203 US	7802-48TH AVE E BRADENTON FL 34203 US

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0186679 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate 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	10. Name and Address of New Registered Agent
MALCOLM, M.M. 7802-48TH AVE E BRADENTON FL 34203	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 M. M. Malcolm DATE
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	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MALCOLM, M. M.		1.2 NAME	Malcolm, M.M.	
STREET ADDRESS	~~1001 3RD AVENUE EAST~~		1.3 STREET ADDRESS	7802 48th Ave. E.	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Bradenton, Fl. 34203	
TITLE	VP	☒ DELETE	2.1 TITLE	vp	☒ Change ☒ Addition
NAME	RICKERT, WARREN L		2.2 NAME	Kenline, Bruce	
STREET ADDRESS	1241 CANDLELIGHT BLVD		2.3 STREET ADDRESS	3401 Wood Cr.	
CITY-ST-ZIP	BROOKSVILLE FL 34601		2.4 CITY-ST-ZIP	Bradenton, Fl.	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT J.		3.2 NAME		
STREET ADDRESS	939 SIDNEY TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, MERLIN P.		5.2 NAME		
STREET ADDRESS	9189 FONTAINE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

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: M. M. Malcolm SIGNATURE REQUIRED 3/18/99 941-752-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. M. Malcolm