FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

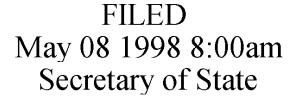


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



CAMBIA COUNTY							
Principal Place	of Business	Mailing Address		•	4 INSIDENT DIE SINSE NIONS INDIA INTE	ITA E MINIT MENER NINIT OFFICE NINIT GENER IN SE	
C/O WAYNE P. 801 NORTH 12 PENSACOLA FI	TH AVENUE	C/O WAYNE P. WILLIS 801 NORTH 12TH AVENUE PENSACOLA FL 32501-3302					
					3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2e. Mailing Address			4. FEI Number 59-2741395	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		City & State				Fee Required	
City & State		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for in			
24	25		0		Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent	- 04	NI	10. Name and Address of New Reg	jistered Agent	
			61	Name			
WILLIS, WAYNE P. 801 NORTH 12TH AVENUE			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)	
PENSACOLA FL 32501			83				
rettone	ACENTE GEOVI		84	City		85 Zip Code	
			1.1	•		FL	
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statutes e of Elorida, Stich change was au	, the above thorized by	named c	orporation submits this statement for the progration's board of directors. I hereby accep	irpose of changing its registered the appointment as registered	
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 control or both, in the State of Etorida. 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 obligation of Section 617.0503, Florida Statutes.							
SIGNATURE Signalure, typed or printed name of registered agent and file ill applicable (NOTE, Registered Agent signalure required when reinstating) DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P	DELETE 1.1 Til				Change Addition	
NAME	REZEK, TOM (DR)		1.2 NAME				
STREET ADDRESS	30 EAST TEXAR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	14 DÉLETE	1.4 CITY - S	T-ZIP	- н	4 Change Addition	
TITLE	DI CHED BEGGY	DELETE	2.1 TITLE 2.2 NAME		FOR COONWALL	CE-Change C1 Addution	
NAME STREET ADDRESS	PILCHER, PEGGY 30 EAST TEXAR DR		2.3 STREET	Annesss	JOE Cardwell 30 East Texar DI	۸,	
City-St-ZIP	PENSACOLA FL		2. 4 City-5		feus. FL. 329	-03	
TITLE	D	DELETE	3.1 TITLE		D ,	ettange Addition	
NAME	BOWYER, ANN-MARIE		3.2 NAME	1.	sandra Ward,	•	
STREET ADDRESS	1174 SUNSET LANE		3.3 STREET		200 S. Pale AND St.		
CITY-ST-ZIP	GILF BREEZE FL 32561		3.4. CITY - 5		Pang FL, 3250		
TITLE	D	BELETE	4.1 TITLE		Day was 1 late	2 Orlange Addition	
NAME	KILDROW, DIANNE		4. 2 NAME		Phillipa Cudary		
STREET ADDRESS	1250 EAST TEXAR DR PENSACOLA FL		4.3 STREET		30 East legal 21.	2503	
CITY-ST-ZIP TITLE	PENSACOUX FC	☐ DELETE	5.1 TITLE	1-211	10 w, Ft, 9	Change Addition	
NAME			5.2 NAME			. – • – …	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	T	· 	☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-S1-2IP			6.4 CITY-S	T-ZIP			

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