SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:27

DOCUMENT # N44346 (7)

1. Corporation Name

ANNA MILLER CIRCLE 1870, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2114 STUART FL 34995	P.O. BOX 2114 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-0712784 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — Country / 30

9. Name and Address of Current Registered Agent

ARLEDGE, SHARON
1001 SW COLORADO AVE
STUART FL 34994

10. Name and Address of New Registered Agent

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 _____ 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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ARLEDGE, SHARON	12 NAME	FREDDA CROSSLEY	
STREET ADDRESS	4062 SW ST. LUCIE LN.	13 STREET ADDRESS	5541 SE MEADOW SPRINGS BLVD.	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	STUART, FL 34997	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PENROD, BARBARA L	22 NAME		
STREET ADDRESS	715 SW ALL AMERICAN	23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	RUETER, HARRIET M	32 NAME		
STREET ADDRESS	2861 PINE VALLEY ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	CONSER, MAY	42 NAME	SHARON ARLEDGE	
STREET ADDRESS	710 W. AIROSO BLVD.	43 STREET ADDRESS	4062 SW ST. LUCIE LN.	
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Sharon L. Arledge SHARON L. ARLEDGE 6/6/95 407-283-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017350