FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION OF C	DRPORATIONS			
	MENT # N4436 PALS, INC.	5 (7)				
	120) 110.			E (BBENIA) BIA BIADA SIBBA NINA BIIBE BIII	I BABAN BIBAN BI BAR BABIN	BIBIN BIBN IBBN
Dringing Dies	( D)					
Principal Place of Business Mailing Address				. realist but Brate Brate felos Brief Bill		#1846 @1 #11 1 1 <b>#</b> #1
		P. O. BOX 1237 COCOA FL 32923				
COCOA FL 3	2927	US				
US				<ol> <li>Date Incorporated or Qualified</li> <li>07/19/1991</li> </ol>	3a. Date of Last 05/01/19	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
21		26		59-3073169		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & Stat	ie	City & State			Fee I	Required
23		28		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta		
24	25 9. Name and Address of Currer		80		Yes Mo	
	9. Name and Address of Curren	it negistered Agent	81 Name	10. Name and Address of New Regi	stered Agent	
F) FMING	G, JESSIE O					
5201 SANBOURNE STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 1105			83			
COCOA	FL 32927		84 City		<b>85</b> Zir	Code
or registe	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori	? and 617.1508, Florida Statutes, da. Such change was authorized :	the above-named corpora by the corporation's board	ation submits this statement for the purpos d of directors. I hereby accept the appoint	e of changing its remains as registered.	egistered office
	ith, and accept the obligations of, Sect			or a support of appoint	and I am	ugoni. ran
SIGNATURE	bignature, typed or printed name of registered agent		Registored Agent signature required	When reinstation	DATE //Z	176
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PO	DELETE	1.1 TITLE		Change	Addition
NAME	RUHLE, JEANNINE		1.2 NAME			
STREET ADDRESS	2125 MUSKINGUM AVE. COCOA FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change	Addition
NAME	WILSON, LORI J	E-Jutter/	2.2 NAME		☐ crands	Addition
STREET ADDRESS	1330 STETSON CT		2 3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL		2 4 CITY-ST-ZIP			
TITLE	STD	DELETE	3.1 TiTLE		☐ Change	☐ Addition
NAME	FLEMING, DIANE J		3 2 NAME			
STREET ADDRESS	5201 SANBOURNE ST		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	COCOA FL D	DELETE	3.4 CITY-ST-ZIP			
NAME	Medley, sue	Liottele	4.1 TITLE		Change	☐ Addition
STREET ADDRESS	2309 ZEV CT		4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP	OWENSBORO KY		4.4 CITY-ST-ZIP	•	:	İ
TITLE	D	DELETE	51 TITLE		Change	Addition
NAME	FLEMING, JESSIE O		5.2 NAME			İ
STREET ADDRESS	5201 SANBOURNE ST.		5:3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL	Doctor	5.4 CITY - ST - ZIP			
NAME		DELETE	6 1 TITLE		Change	Addition
STREET ADDRESS			6.2 NAME			
CITY-ST-ZIP			6.3 STREET ADDRESS			ļ
	su certify that the information europlied	with this films is yet whall for inter-	6 4 CITY-ST-ZIP			

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 cath; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

PIR CAFOL

PARA DIRECTOR

PARA DIRECTOR

(402) 636-0410