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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

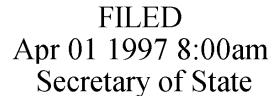
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N44437

(4)



		Mailing Address 4504 CRYSTAL BEACH WINTER HAVEN FL 33	RD.							
						<ol> <li>Date Incorpora 07/22/19</li> </ol>	ted or Qualified <b>991</b>	3a. Da	04/17/19	leport 1 <b>96</b>
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number NOT AF	PLICABLE		<del>   </del>	oplied For ot Applicable
Suite, Apt	t. #, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of S			\$8.75	Additional
City & Sta	nte	City & State				6. Election Camp	ainn Financing			equired May Be
23		28		<del></del>		Trust Fund Cor	· -			to Fees
Zip	Country	Zip <b>29</b>	30	ntry		<ol><li>This corporation Fiorida Statute</li></ol>		r intangible Yes		199.032
*1	9. Name and Address of Currer		1301			10. Name and Ad				
				B1 Na	ame					
WRIGH	T, MILDRED MORRIS		-	<b>82</b> St	root Address	s (P.O. Box Numbe	r ie Not Accent	able)		
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WINTER	R HAVEN FL 33880			83		<u></u>				
				84 Ci	ty			FL	<b>85</b> Zip	Code
OHICO O	registered agent, or boll, in the state	e of Florida, Such Change W	as authorized	by the	corporation	n's board of directo	rs. I hereby acc	ept the app	Minute de	108.010.00
SIGNATURE.	Signature, typed or printed name of registered ag-	gent and title if applicable.	(NOTE: Registered			when reinstating)		DATE	8/1/	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	pent and title if approable. (	(NOTE: Registered	Agent sig				DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILLE	Signature, typied or printed name of registered ag OFFICERS AN	gent and title if applicable.	(NOTE: Registered	Agent sig		when reinstating)		DATE	8/1/	RS IN 12
SIGNATURE 112. TILLE NAME	Signature, typied or printed name of registered ag OFFICERS AN PD WRIGHT, MILDRED M.	pent and title if approable. (	13. 1.1 TH	Agent sig LE ME	nature required	when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE.  12.  TILE  NAME  STREET ADDRESS	Signature, typied or privided name of registered ag OFFICERS AN PD WRIGHT, MILDRED M. 4504 CRYSTAL BEACH RD.	pent and title if approable. (	(NOTE: Registered 13. 1.1 Til 1.2 NA 1.3 ST	i Agent sig LE ME REET ADDR	nature required	when reinstating)		DATE	DIRECTOR	RS IN 12
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4. 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 rustee 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 atjact function with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0064578