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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N45448 DOCUMENT #

1. Corporation Name

(0)

Principal Place of Business 805 N SYLVAN DR	Mailing Address 614 BEVERLY DR. BRANDON FL 33510	INC.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BRANDON FL 33510 BRANDON FL 3 US		. 33310		3. Date Incorporated or Qualified 10/02/1991		e of Last F)4/21/19	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	26			65-0291498			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
22	27			6. Election Campaign Financing			May Be
City & State	City & State			Trust Fund Contribution			to Fees
Zip Country	Zip	Coun	ry	8. This corporation has liability for	intangible ta	k under s.	199.032,
24 25	29	30		Florida Statutes	🔲 Yes 💢	No	
9, Name and Address	s of Current Registered Agent			10. Name and Address of New	Registered #	\gent	
		{	11 Name				
HARDY, JOYCE A.		h.	12 Street	Address (P.O. Box Number is Not Accepta	ble)		
605 N SYLVAN DR							
BRANDON FL 33510		ľ'	13				
		Ī	4 City		FL	85 Zip	Code
			_l	and a submite this statement for the pu	image of cha	naina its re	adistered office
Pursuant to the provisions of Section or registered agent, or both, in the Standard areas the chirality and account the chirality.	state of Fiorida. Silich change was authory	COUDY LING CA	e-named co rporation's	board of directors. I hereby accept the ap-	pointment as	registered	agent. I am
or registered agent, or both, in the S familiar with, and accept the obligation SiGNATURE Signature, typed or printed name of	registered agent and title if applicable. (N)	S.	прогалогта	board of directors. I hereby accept the appeared when renstating? ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
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14. If 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: