FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

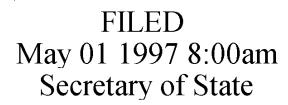
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45888

(7)

THE A. LEON LOWRY, SR. FAMILY SERVICE CENTER, IN





Principal Place of Business Mailing Address					I GARYSTON ONT RICON COLOR LONG LIGHT GROUN STORY GROUN DIRECT CHAIL COLOR			
1006 W CYPRESS ST 1006 W CYPRESS ST TAMPA FL 33606-1109								
AMITA IL OOK	~	131111111111111111111111111111111111111				3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1996		
2. Principal P	race of Business	2a. Mailing Address				4. FEI Number Applied For S9-3089222 Not Applied by		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	е	City & State	···			6. Election Campaign Financing \$5.00 May Be		
		28				Trust Fund Contribution Added to Fees		
Zip 4	Country 25	Zip 29	30	untry	1	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No		
4	9. Name and Address of Currer		[30]	T -		10. Name and Address of New Registered Agent		
				81	Name			
	ers, Helen S.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	CYPRESS ST FL 33606			83				
IAMPA	rt 33000			84		■■ 85 Zip Code		
				1	1	corporation submits this statement for the purpose of changing its registered to board of directors. I hereby accept the appointment as registered		
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable, (NO D DIRECTORS	13.		ent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME	LOWRY, A LEON SR.	DIANE		NAME		· t Orianigo L., g youring		
STREET ADDRESS	2602 ARCH STREET		1.3	STREET	ADDRESS	·		
CITY-ST-ZIP	TAMPA FL.	DELETE		CITY-S TITLE	ST-ZIP	☐ Change ☐ Addition		
TITLE NAME	LYNCH, JOE L.	D DELETE		NAME	j			
STREET ADDRESS	3728 GREENFORD ST				ADDRESS			
CITY-ST-ZIP	VALRICO FL		•		ST-ZIP			
TITLE	D	DELETE	3.1	TITLE		☐ Change ☐ Addition		
3MAN	SAUNDERS, HELEN S.			NAME	· l			
STREET ADDRESS	2918 UNION ST				FADDRESS			
CHTY-SI-ZIP	TAMPA FL	DELETE			ST-ZIP	☐ Change ☐ Additio		
TITLE Name	D NIXON, ROBERT L.	☐ pertue		TITLE NAME	<u></u>	El Annulle El Montal		
NAMIC STREET ADDRESS	14752 MORNING DR				T ADDRESS			
DITY-ST-ZIP	LUTZ FL		•		ST-ZIP			
TLE	D	DELETE		TITLE		℃ Change (#Additi		
NAME	SMITH, JUEL		5.2	NAME		Martin, Tommie 9511 Rockkill Road		
STREET ADDRESS	13820 CHERRYBROOK LN		5.3	STREET	T ADDRESS			
CITY-ST-7IP	TAMPA FL	T Britis			ST-ZIP	Thonotosassa, FL 33592		
TITLE		☐ DELETE	1	TITLE		☐ Change ☐ Addition		
NAME				NAME	1			
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP	1		6.4	UIIY-	ST-ZIP	1		

14. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Danier 813/817.2722