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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FLOR	JMENT # N4685 RIDA ASSOCIATION OF SCH	- •		A PRESIDENT BUT BINDE BANDE TOLEN BUT	18 (81) áigh Bhán Chir Char Char Chan Chan Chan
Principal Pla	ace of Business	Mailing Address			
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	SEE FL 32303	1515 HICKORY AVEN TALLAHASSEE FL 32			
<u> </u>				 Date Incorporated or Qualified 01/16/1992 	3a. Date of Last Report 05/01/1995
2. Principal 21	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Sulte, Api	t. #, etc.	Suite, Apt. #, etc.		59-3142149	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Z ip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, ☑ Yes ██ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
WOLLAN, LAURIN A. JR. 1515 HICKORY AVENUE TALLAHASSEE FL 32303			83	ess (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
	agoni, or both, in the State of Florid	la Such chango was authoris			20se of changing its registered ass.
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	ed by the corporation's boat. DIE: Registered Agent signature require	oration submits this statement for the purp and of directors. I hereby accept the appoint	internetia as registered agent. Fam
	and the obligations of, Google	and title if applicable (NC) DIRECTORS	DTE: Registered Agent signature require 13.	други и по	DATE
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent to OFFICERS AND P DYE, THOMAS, R.	and title if applicable. (NC	DTE: Registered Agent signature requir 13.	red when reinstating)	DATE DATE
SIGNATURE 12. THLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent in OFFICERS AND P P DYE, THOMAS, R. 1057 DEL HAVEN DRIVE	and title if applicable (NC) DIRECTORS	DTE: Registered Agent signature require 13.	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent in OFFICERS AND P DYE, THOMAS, R. 1057 DEL HAVEN DRIVE DELRAY BEACH FL 33483	and the if applicable. (NC) DIRECTORS DELETE	DTE: Registered Agent signature requir. 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Priorie # SIGNATURE: