FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N48277

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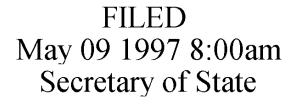
FURPERSON RETREAT INC.

			_
Principal	Place	of Business	

Mailing Address

4320 NEFF LAKE ROAD

4320 NEFF LAKE ROAD



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BROOKSVILLE	FL 84601	BROOKSVILLE FL 34601-8	012				
					3. Date Incorporated or Qualified 04/09/1992	3a. Date of Last 04/29/	1996
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3141320		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State	8	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28	,	·	1 rust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		untry	8. This corporation has liability for i		rs. 199.032,
24	25	[29]	30	·		Yes No	
	9. Name and Address of Current	t Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
				Name			
	N, ELIZABETH			82 Street /	Address (P.O. Box Number is Not Acceptab	ile)	
	EFF LAKE RD.			83			
BROOK	SVILLE FL 34601			03			
				84 City		FL 85 Zi	ip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida. Such change was a	es, the a	bove-named od by the corp	corporation submits this statement for the population's board of directors. I hereby acceptions	urpose of changing of the appointment	g its registered as registered
agent, i a	m tamiliar with, and accept the obliga	tions of, Section 617.0503, Fig	orida Sta	atutes.			
	Signature, typed or printed name of registered ager				required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	\$.17	l		L Change	e [] Addition
NAME	COSTON, ELIZABETH			NAME			
STREET ADDRESS	4320 NEFF LAKE RD		1,3 8	STREE1 ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL	<u> </u>		CITY-S1-ZIP			
TITLE	OV DEDICATION DATE: AND	☐ DELETE	217			Change	e [] Addition
NAME	DERICKSON, PATTI ANN			IAME			i
STREET ADDRESS	781 VILLAGE LAKE TER N		2.35	STREET ADDRESS			l
CITY-ST-ZIP	ST PETERSBURG FL			CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	DS	DELETE	3.1 k	TITLE		Change	e [] Addition
NAME	CENTER, BARBARA		3.2	NAME			
STREET ADDRESS	621 12TH ST NW		331	STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			CITY-ST-ZIP			
TITLE	DT	DELETE	4.1	TITLE		Change	e [] Addition
NAME	CENTER, CLARENCE E		4.2	NAME			
STREET ADDRESS	621 12TH ST. NW		4.3 \$	STREET ADDRESS			
CITY-ST-ZIP	LARGO FL		4.4 (CITY-ST-ZIP			
TITLE		☐ DELETE	5.11	ITLE		☐ Change	e 🔲 Addition
NAME			5.2	NAME			
STREET ADDRESS			5.3 \$	TREET ADDRESS			
CITY-ST-ZIP			5.4 (CITY-S1-ZIP			
TITLE		DELETE	6.11	ITLE		Chang	e Addition
NAME			6.21	IAME			
STREET ADDRESS			635	TREET ADDRESS			Ì
CITY-ST-ZIP	_		6.4 (HTY-ST-ZIP			ĺ
	by certify that the information supplier	with this filing does not qualit			stated in Section 119 07/3)(i) Florida Statute	e I further cortifu th	at the

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.