FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N48277**

Country

FURPERSON RETREAT INC.

Principal Place of Business 4320 NEFF LAKE ROAD BROOKSVILLE FL 34601-8012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

4320 NEFF LAKE ROAD BROOKSVILLE FL 34601-8012

26

27

28

Zip

FILED May 21, 1999 8:00 am § Secretary of State

05-21-1999 90004 033 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

04/09/1992

59-3141320

4. FEI Number

office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manillar with, and accept the obligations of, Section 617.0503, Floridas Statutes. SIGNATURE Signature, hyper or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating) DETECTIONS. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DP	4	25	29	30				Trust Fund Contribution		Added to	Fees
COSTON, ELIZABETH 4320 NEFF LAKE RD. BROOKSVILLE FL 34801 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 71. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of 5. Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of the purpose of the			10. Name and Address of New Registered Agent								
### AS20 NEFF LAKE RD. ### BROOKSVILLE FL 34801 ### City		•			81	Name					
### AS20 NEFF LAKE RD. ### BROOKSVILLE FL 34801 ### City	COSTON ELIZABETH						Addrage	/P.O. Boy Number is Not Ac	centable)		
BROOKSVILE FL 34601 84 City						Sugger	Addiess	(F.O. DOX NUMBER IS NOT A	oopaana)		
11. Pursuant to the provisions of Sections 817.0502 and 617.1508. Flonda Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 817.0503, Flonda Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of provided name of registered agent, or both appointment as registere agent. I am familiar with, and accept the obligation of provided name of registered agent, or both appointment as registere agent. I am familiar with, and accept the objection 91.0503, Flonda Statutes, the accept the objection 91.0503, Flonda Statutes, the accept the opporation and accept the obligation of provided name of registered agent. I am familiar with and accept the opporation and											
T1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and manual registered agent and the interpretation of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, by addition of the purpose of changing its registered agent and manual registered agent and their repretations. Interpretation Interpret	BROOKS	TILLE FL 34001								log l Zin C	ndo .
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14. I 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 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 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 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 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 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 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 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 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 stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information stated in Section 11	14. I hereby (certify that the information supplied	with this filing does not qualify f	or the e	xempti	on stated	d in Sect	ion 119.07(3)(i), Florida Statu	utes. I further ce	rtify that the in	formation

Country

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable