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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05 1998 8:00am Secretary of State

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Principal Pla	ce of Business		Mailing Address							
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	Here as	1 catur	Blountsto	d.		3. Date Incorporated or Qualified				
	TINY 40	G JCCI NA	Plounts	SWN, FI 32	2424	4. FEI Number			pplied For	┥
					ļ	64-8651474			lot Applicable	-
2. Principal	Place of Business	<u> </u>	2a. Mailing Address	. 1		· · · · · · · · · · · · · · · · · · ·			Additional	j
21 626	Palm st	2	6 Blountstown	u F/3242	4	5. Certificate of Status Desired			Required	1
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00	May Be	٦
22		2	7			Trust Fund Contribution		Added t	to Fees	╛
City & Sta 23 16 10	ate Jun Est Niva	7-1 37/2/	City & State  Blountstow	11 2/ 20	السال	7. Is this nonprofit corporation a h		<b>a</b> ssociatio <b>3</b> No	on?	
	454	Country	Zip	N 7/ 32	4 (4	8. This corporation owes or has p			tanaible	+
Zip 3 2	424	Calhoun 2	32424	30 Calhou	m	Personal Property Tax due Juni	_		∏ No	
		Address of Current Re	gistered Agent			10. Name and Address of New R	eglatered A	gent		
		_		81 Name	TRY	na Penn				
		a Penn		[82] Street A	Address	(P.O. Box Number is Not Accepta	ble)			┨
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	a lour	Palm st ntstown, 71	32424	83						
	7 7 7 7 7	,,,,		84 City B	1	its town	FL	85 Zip	Code //	7
11. Purcuent	to the provisions r	M Sections 617 0502 and	G17 1500 Florida Statutor	<del></del>	·			1 3	2424	1
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office or	registered agent, o	or both, in the State of FI	orida. Such change was au	thorized by the corpo	corpora oration	tion submits this statement for the s board of directors. I hereby acce	purpose of pt the appo	cnanging i intment as	registered	
office or agent. I a	registered agent, o	or both, in the State of FI nd accept the obligations	orida. Such change was au s of, Section 617.0503, Flor	thorized by the corpo	corpora	s board of directors. I hereby acce	purpose of pt the appo	changing inthement as	registered	
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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 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

MATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Date Daylimo Phore #

R2E037 (10/97)