

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90083 009 \*\*\*\*61.25

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**DOCUMENT # N48602**

1. Corporation Name

**SOUTH SANFORD GROUP, INC.**

119476-90083-79 6 \*

Principal Place of Business

111 W. 27TH ST.  
SANFORD FL 32773  
US

Mailing Address

111 W. 27TH ST.  
SANFORD FL 32773  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/28/1992

4. FEI Number  
59-3125701

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CLARK, GARY W**  
111 W. 27TH STREET  
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name **DON WHITTEN**

82 Street Address (P.O. Box Number is Not Acceptable)

**129 MAYFAIR CIRCLE**

83

84 City **SANFORD**

**FL**

85 Zip Code  
**32771**

11. 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 registered 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**DON WHITTEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-16-99**

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE  
NAME **WHITTEN, DON**  
STREET ADDRESS **129 MAYFAIR CIRCLE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE  
NAME **GARBADE, GRACE**  
STREET ADDRESS **2616 EL PORTAL**  
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☒ DELETE  
NAME **CLARK, GARY**  
STREET ADDRESS **483 DETROIT TERR**  
CITY-ST-ZIP **DEBARY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☐ Change ☒ Addition  
1.2 NAME **ERIKA WHITTEN**  
1.3 STREET ADDRESS **129 MAYFAIR CIR.**  
1.4 CITY-ST-ZIP **SANFORD, FL. 32771**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **DON WHITTEN**

**SIGNATURE REQUIRED**

DATE

**1-16-99**

Daytime Phone #

**407-324-8178**

CR2E037 (1/98)