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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50027

Principal Pla	ace of Business	Mailing Address			1884
229 N. JEFF PERRY FL 3 US		PO BOX 2002 PERRY FL 32348 US			
2 Patricia	I Place of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21 Principa	I Place of Business	26		07/17/1992	
	pt. #, etc.	Suite, Apt. #, etc.	·	4. FEI Number Applied F	or
22		27		59-3142872 Not Appli	icable
City & S	tate	City & State		5. Certificate of Status Desired \$8.75 Addition Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing 5.00 May B	3e
24	25	29	30	Trust Fund Contribution Added to Feet	
<u></u>	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
			81	Name	
SHEFFIELD, VIVIAN W.			82	Street Address (P.O. Box Number is Not Acceptable)	-
1027 N. JEFFERSON ST.					
	FL 32347		83		
Cruri	1 6 02047		84	City 85 Zip Code	
				FL 1	
office of agent.	or registered agent, or both, in the State I am familiar with, and accept the oblig	a of Florida. Such change was	aumonzed by u	named corporation submits this statement for the purpose of changing its legistree corporation's board of directors. I hereby accept the appointment as registere	ered ed
office :	or registered agent, or both, in the State I am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 617.0503, F	TE: Registered Agent	signature required when reinstating	
office of agent.	or registered agent, or both, in the Stati I am familiar with, and accept the oblig RE Signature, typed or printed nome of registered ag	e of Florida. Such change was pations of, Section 617.0503, F gen and title if applicable. (NO ND) DIRECTORS	TE: Registered Agent 13.	ilignature req Jired when reinstating DATE ADDITI DNS/CHANGES TO OFFICERS AND DIRECTO RS IN	N 12
office of agent.	or registered agent, or bcth, in the Stati I am familiar with, and accept the oblig RE Signature, typed or printed no me of registered ag OFFICERS A	e of Florida. Such change was pations of, Section 617.0503, F	TE: Registered Agent 13.	ignature required when reinstating DATE ADDITI ONS/CHANGES TO OFFICERS AND DIRECTO RS IN	
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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 one attachment with an address with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

URECCIAy Olson-Pres. 4-23-99

850-838-3508

Addition

☐ Change