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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

NT # 1150/02

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| | RESIDENT COUNCIL O | | | | | | | | | |
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| Pincipal Place | of Business | Mail | ling Address | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | 3a. 🗆 | ale of Last F | Report |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal Pla | ace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | <u> </u> | polied For |
| | | 26 | | | | | | | | ot Applicable Additional |
| Suite, Apt # | # etc | _ | Suite, Apt #, etc | | | | 5. Certificate of Status Desired | | | equired |
| City & State | | 27 | City & State | | | | 6. Election Campa gn Financing | | \$5.00 | May Be |
| Gily & State | | 28 | ony a orang | | | | Trust Fund Contribution | | • | to Fees |
| Z _I p | Country | | Ζιρ | Co | untry | | 8. This corporation has liability for | r intangibl | e tax under s | s. 199.032, |
| 4 | 25 | 29 | | 30 | | | Fiorida Statutes | Yes | No | |
| | 9. Name and Address of Current | Registe | ered Agent | | 1 | | 10. Name and Address of New I | Registered | Agent | |
| | | | | | 1 1 | Name | | | | |
| | LA HARRIS | | | | 82 | Street Addr | ess (P.O. Box Number is Not Accept | able) | | |
| | WILLARD STREET | 016 | | | 83 | | | | | |
| FORT | MYERS, FLORIDA 33 | 916 | | | | | | | | . <u>. </u> |
| | | | | | 84 | City | - | FI | 85 Zip | Code |
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| | | | | | | named corp | poration submits this statement for the | nurnose | of changing | its registered s registered |
| | o the provisions of Sections 617.0503 egistered agent, or both, in the State in familiar with, and accepy the obliga | | | | | named corporat | poration submits this statement for the ion's board of directors. I hereby acc | nurnose | of changing | its registered s registered |
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