SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $1.25 (IF DISSOLVED, REINSTATEMENT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000241 (1)**

1. Corporation Name
NEW CITY OF ENGLEWOOD, N.P.O., INC.

Principal Place of Business	Mailing Address
1670 VIRGINIA ST NORTH PORT FL 34287 US	NEW CITY OF ENGLEWOOD, N.P.O., INC. P.O. BOX 846 ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0352844 — Applied For ☐ / X 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 SOUTH INDIANA AVENUE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, SUSAN	1.2 NAME		
STREET ADDRESS	70 ENGLEWOOD HEIGHTS ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MAUCK, JIM	2.2 NAME	TONY BYRD	
STREET ADDRESS	332 GLEN OAK ROAD	2.3 STREET ADDRESS	13100 McCALL RD #122	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JOHN T	3.2 NAME		
STREET ADDRESS	1670 VIRGINIA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PO	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HILL, LEAH	4.2 NAME	JIM MAUCK	
STREET ADDRESS	332 B PONCE DE LEON BLVD	4.3 STREET ADDRESS	332 GLEN OAK ROAD	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MAUCK, SUE	5.2 NAME	BILL PHILLIPS	
STREET ADDRESS	508 NEPONSIT DRIVE S.	5.3 STREET ADDRESS	344 BAVARLY RD	
CITY-ST-ZIP	VENICE FL 34293	5.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, BRYON	6.2 NAME		
STREET ADDRESS	3100 MCCALL RD #122	6.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John J. White STD JOHN T. WHITE 7-9-95 (941) 485-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00/0177