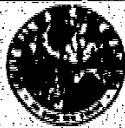


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N92000000241 (1)

1. Corporation Name

NEW CITY OF ENGLEWOOD, N.P.O., INC.

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

Principal Place of Business

1670 VIRGINIA ST
NORTH PORT FL 34287
US

Mailing Address

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 ☒ 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. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, SUSAN
STREET ADDRESS	70 ENGLEWOOD HEIGHTS ROAD
CITY - ST - ZIP	ENGLEWOOD FL 34223
TITLE	VD
NAME	MAUCK, JIM
STREET ADDRESS	332 GLEN OAK ROAD
CITY - ST - ZIP	VENICE FL 34293
TITLE	STD
NAME	WHITE, JOHN T
STREET ADDRESS	1670 VIRGINIA ST
CITY - ST - ZIP	NORTH PO
TITLE	D
NAME	HILL, LEAH
STREET ADDRESS	332 B PONCE DE LEON BLVD
CITY - ST - ZIP	VENICE FL
TITLE	D
NAME	MAUCK, SUE
STREET ADDRESS	508 NEPONSIT DRIVE S.
CITY - ST - ZIP	VENICE FL 34293
TITLE	D
NAME	MORGAN, BRYON
STREET ADDRESS	3100 MCCALL RD #122
CITY - ST - ZIP	PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD
2.3 STREET ADDRESS	TOMY BYRD
2.4 CITY - ST - ZIP	13100 MCCALL RD #122
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33981
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Jim Mauck
4.3 STREET ADDRESS	332 GLEN OAK ROAD
4.4 CITY - ST - ZIP	VENICE, FL 34293
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D BILL PHILLIPS
5.3 STREET ADDRESS	344 BAYVIEW RD
5.4 CITY - ST - ZIP	VENICE, FL 34293
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 #