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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9300000780 (7)

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Suite Apt # etc. Suite Apt #					03/12/1993	3a. Date of Last Report 04/18/1996
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City & State City & Country Country Country City & Ci	٦	#, efc.	├ ─		5. Certificate of Status Desired	S8.75 Additional Fee Required
Zip	City & State	remy///e 7/a.	City & State	rke Thowar	1	\$5.00 May Be Added to Fees
WHITE, SHIRLEY M 1442 HELENA ST JACKSONVILE FL 32208 83 64 City FL 85 Zip Ct 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 reagent. I am familiar with, and accept the obligations of Josephon 17.0502 should off the purpose of changing its ogent. I am familiar with, and accept the obligations of Josephon 17.0502 should off the purpose of changing its ogent. I am familiar with, and accept the obligations of Josephon 17.0502 should off the purpose of changing its ogent. I am familiar with, and accept the obligations of Josephon 17.0502 should be provided when remailing. SIGNATURE Signification 1. Supplies the provisions of Sections 617.0502 and 617.1508, Plorida Statutes. SIGNATURE Signification 1. Supplies the provisions of Sections 617.0502 and 617.1508, Plorida Statutes. White, Shirity of printed rame of registered agent and fill of applicable (NOTE, Registered Agent Signature required when remailing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 142 HELENA ST 13.5TREET ADDRESS 1442 HELENA ST 13.5TREET ADDRESS 331 SPRING AROVE RD 22 NAME 1442 HELENA ST 34.00TH-ST-2P 1711 D 1 Change WHITE, JOHN SR. 34.00TH-ST-2P 1712 D 1714 D 1715 D 1716 D 1716 D 1716 D 1717 ST-2P 1716 D 1717 ST-2P 1718 D 171	ת כל ד	Country 208 25 DWAL			Florida Statutes	Yes No
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1442 HELENA ST JACKSONVILLE FL 32208 63				oi Name		
JACKSONNILE FL 32208 83				82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its 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 reasonable in an earlier with, and accept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE Signature System or printed manner of registered agent and tile if applicable. (NOTE: Registered Agent algorities registered when rehealting). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. City - S1-2P 14. City - S1-2P 14. City - S1-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Change 17. S1-2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. City - S1-2P 14. City - S1-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				83		
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SIGNATURE				1 1 1		FL
SIGNATURE	 Pursuant t office or ri 	to the provisions of Sections 617.0502 egistered agent, or both, in the State	2 and 617,1508, Florida Statute of Florida, Such change was a	es, the above-named corp authorized by the corporati	oration submits this statement for the poor's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
Signature systed or princial ranne of registered agent and title if applicable (NOTE: Registered Agent signature signated when reinstating) DATE		m familiar with, and accept the obliga	itions of, Section 617.0503, Flo	orida Statutes.		
DELETE	SIGNATURE _	Signature, typed or printed riame of registered age	nt and title if applicable. (NOTI	: Registered Agent signature require	ed when reinstating)	DATE
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STREET ADDRESS P.O. BOX 343 N/A 6.3 STREET ADDRESS		P O ROY 343 N/A		6.3 STREET ADDRESS		

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14. I do 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.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF BIORING OFFICER OR DIRECTOR

Pril 23, 1997

FILED

May 13 1997 8:00am

Secretary of State