

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N 93 00000 100 6 (5)

1. Corporation Name

SUNWANCE VALLEY TRANSIT, INC

Principal Place of Business

Mailing Address

1992 Cedar ST.
Cross CTY, FL.
32628

P.O. Box 1992
HOSS CTY, FL.
32628

FILED

97 OCT 23 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3192790		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

9ALLOWAY, T.C.
1992 Cedar ST.
HOSS CTY, FL.
32628

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CB/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY R. WINSTOOD	1.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	1.4 CITY-ST-ZIP	
TITLE	Vice CB/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY A BROWN	2.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	2.4 CITY-ST-ZIP	
TITLE	Sec/Treas/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO E. WILLIAMS	3.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBIE D. DAVIS	4.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILLE CLOMONS	5.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNA Y. MILLER	6.2 NAME	
STREET ADDRESS	P.O. Box 1992 NIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOSS CTY, FL 32628	6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 10-23-97 DAYTIME PHONE: 852-498-1414

CR2E037 (9/96)