## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N93000002261 (6)

Principal Place of Business	Mailing Address		
2438 STRATFORD DRIVE SARASOTA FL 34232 US	2438 STRAFORD DRIVE SARASOTA FL 34232 US		
Principal Place of Business	2a. Mailing Address C.C. 26 3923 Middle Sex PL		

28

City & State

sarasota

	3. Date Incorporated or Qualified 05/13/1993	3a. D	ate of La 04/17	st Report /1995		
_	4. FEI APPLIED FOR 65		. L	Applied For		
	APPLIEUTUR 65	0460	116	Not Applicable		
_	5. Certificate of Status Desired		<b>\$8.</b>	\$8.75 Additional Fee Required		
_	6 Election Campaign Financing		\$5	OO May Be		

Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes XNo Florida Statutes

34241	25 SAI	0501	29	3424
9, 148	me and Addres	S Of Currer	it riegisi	ered Agent
JONETTE SCOT	•			
2438 STRATFO	rd drive			
SARASOTA FL	34232			

City & State

23

B1	Name Annette Chapman
82	Street Address (P.O. Box Number is Not Acceptable)
83	

10. Name and Address of New Registered Agent

	84 City 50 50	ta Fl	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo	ove-named corporation sub	nmits this statement for the purpose of ch	anging its registered office
11. Pursuant to the provisions of sections of 7. 1500, 2 and 0.71. 1500, 1500 data statutes, we also or registered agent, or both, in the State of Florida. Such change was authorized by the clamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.	corporation's board of dire	ectors. I hereby accept the appointment as	; registered agent. Fam

FL

SULLOSE

Country

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familiar with	n, and accept the obligations of Section 617.0503	, Florida Statutes.	á	-1	0/11/	
SIGNATURE	annette (Nasanas	1	Seci	elary 3/	1140	
	Signature, typed or printed name of registered agent and title if applications		gistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTOR			712	Change	Addition
TITLE	PD	DELETE	1.1 TITLE	Al Asman John	Grange	
NAME	CHAPMAN, JOHN		1.2 NAME	Chapman, John 3403 middlesex Place		
STREET ADDRESS	3923 MIDDLESEX PLACE		1.3 STREET ADDRESS	3993 Illiagiesext Rice	.11	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL. 342	4 /	
TITLE	VD	☐ DELETÉ	2.1 TITLE	VD.	Change	Addition
NAME	BACKHUS, ED		22 NAME	Backlins, Ed 5309 whewood Dry		
STREET ADDRESS	5309 WINEWOOD DRIVE		2.3 STREET ADDRESS	5309 WINEWOOD Dry	e) A	
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP	Sarasota, FL. 342	<i>32</i>	
TITLE	SO	<b>ZO</b> DELETE	3.1 TITLE		Change	☐ Addition
NAME	SCOTT, JONETTE	,	3.2 NAME	Chapman Honette		
STREET ADDRESS	2438 STRATFORD DRIVE		3.3 STREET ADDRESS	3923 middlesex ricce		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-S1-ZIP	Sarasota, FL. 342.	41	
TITLE	TD	<b>∑</b> DELETE	4.1 TITLE	1 =	M. Change	☐ Addition
NAME	RUDGE, TOM	<i>'</i>	4. 2 NAME	Scott, 1000the 1Dr.		
STREET ADDRESS	6776 MAUNA LOS BLVD		4.3 STREET ADDRESS	2438 5 FRATILIA	,	
CITY - ST - ZIP	SARASOTA FL		4.4 CITY - ST - ZIP	scott, Invette Dr. 2438 Stratford Dr. Sarasota, 12.3423		
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
			5 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
			6.2 NAME			
NAME			1			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 14. If 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)(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 cath; 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. CITY-ST-ZIP

Annette Chapman