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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

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FILED
May 12 1997 8:00am
Secretary of State

NAME HOWELL, JUDY 11 HICKORY WAY 11 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.4 CITY-ST-ZIP TITLE D CHANGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CHANGE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 24 CITY-ST-ZIP WINTER HAVEN FL 24 CITY-ST-ZIP	For icable nat
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9. Name and Address of Current Registered Agent GERNERT, BOB JR 1433 N LAKE HOWARD DR WINTER HAVEN FL 33881 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME HOWELL, JUDY 15. SIREET ADDRESS CITY. ST-ZIP WINTER HAVEN FL 33881 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Winter Haven FL 88 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City 88 Zip Code 89 A City FL 86 Zip Code 89 A City FL 86 Zip Code 80 A City FL 86 Zip Code 80 A City FL 86 Zip Code 80 A City FL 86 Zip Code 81 A City FL 86 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 86 Zip Code 85 Zip Code 86 Zip Code 87 A City 88 Zip Code 88 A City FL 86 Zip Code 89 A City FL 86 Zip Code 89 A City FL 86 Zip Code 80 A City FL 86 Zip Code 81 A City FL 85 Zip Code 9 A City FL 85 Zip Code 9 A City FL 85 Zip Code 13 A DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 A CITY-ST-ZIP 15 A CITY-ST-ZIP 16 D CLEAVES, JUDY B 16 A City 17 A CITY-ST-ZIP 17 A CITY-ST-ZIP 18 A City 18 A City FL 85 Zip Code 18 A City FL 85 Zip Code 19 A City St-Zip Code 19 A City 10 A City St-Zip Code 10 A City St-Zip Code 11 A CITY-ST-Zip 12 A CITY-ST-Zip 13 A CITY-ST-Zip 14 A CITY-ST-Zip 15 A CITY-ST-Zip 16 A CITY St-Zip 17 A CITY-ST-Zip 18 A City 18 A City 19 A City St-Zip Code 19 A City St-Zip Code 19 A City St-Zip Code 10 A City St-Zip Code 11 A CITY-ST-Zip 11 A CITY-ST-Zip 12 A CITY-ST-Zip 13 A CITY-ST-Zip 14 A CITY-ST-Zip	
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GERNERT, BOB JR 1433 N LAKE HOWARD DR WINTER HAVEN FL 33881 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 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 regist agent. I am familiar with, and accept the obligations of. Section 617 0503, Florida Statutes. SIGNATURE Signature byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE D DELETE 1.1 TITLE D DELETE 1.1 TITLE D DELETE 1.1 TITLE D DELETE 1.2 NAME SIREET ADDRESS CITY - ST - ZIP WINTER HAVEN FL 33881 1.4 CITY - ST - ZIP WINTER HAVEN FL 33881 1.4 CITY - ST - ZIP DELETE 2.1 TITLE D CHANGE C	
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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)(1), 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 of rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attagation with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phon

Daytime Phone # 0054615