


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002608 (8)**

1. Corporation Name

MOMS OF TIERRA VERDE, INC.



Principal Place of Business P.O. BOX 58203 TIERRA VERDE FL 33715	Mailing Address P.O. BOX 58203 TIERRA VERDE FL 33715-8203
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/03/1993		3a. Date of Last Report 08/26/1996	
				4. FEI Number 59-3191979		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HINTON, CHARLES D 6416 9TH ST N ST PETERSBURG FL 33702				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYAN, JEANINE			1.2 NAME	Rieth, Karyn		
STREET ADDRESS	837 PINELLAS BAYWAY, #210			1.3 STREET ADDRESS	674 Ponce De Leon Drive		
CITY-ST-ZIP	TIERRA VERDE FL 33715			1.4 CITY-ST-ZIP	Tierra Verde, FL 33715		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURROWS, LAURA			2.2 NAME	Linnea Helalat, Linnea		
STREET ADDRESS	631 DESOTO DRIVE			2.3 STREET ADDRESS	658 Ponce De Leon Drive		
CITY-ST-ZIP	TIERRA VERDE FL 33715			2.4 CITY-ST-ZIP	Tierra Verde, FL 33715		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDINGHAUS, DEBBIE			3.2 NAME	Bedinghaus, Debbie		
STREET ADDRESS	627 DESOTO DRIVE			3.3 STREET ADDRESS	627 DeSoto Dr.		
CITY-ST-ZIP	TIERRA VERDE FL 33715			3.4 CITY-ST-ZIP	Tierra Verde, FL 33715		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 _____ DATE 2/2/97 (912) 811-3151

CR2E037 (9/96)