

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003138 (5)

1. Corporation Name

TRUE ALTERNATIVES, INC.



Principal Place of Business

Mailing Address

1717 N FLAGLER DR
SUITE 3
WEST PALM BEACH FL 33401

1717 N FLAGLER DR
SUITE 3
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 321 EAST 15TH STREET

26 321 EAST 15TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SECOND FLOOR

27 SECOND FLOOR

City & State

City & State

23 W. PALM BCH, FL

28 W. PALM BCH, FL

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

4. FEI Number

65-0423236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, WILLIAM D
1717 N. FLAGLER DR. STE. #3
WEST PALM BEACH FL 33407

81 Name

ROBERT LINDELOF

82 Street Address (P.O. Box Number is Not Acceptable)

321 EAST 15TH STREET

83

SECOND FLOOR

84 City

W. PALM BCH,

FL

85 Zip Code

33401

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

Robert Lindelo
Signature, typed or printed name of registered agent, and title, if applicable.

ROBERT LINDELOF

(NOTE: Registered Agent signature required when reinstating)

DATE

01/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
MCKINNON, THOMAS
STREET ADDRESS 1717 N FLAGLER DR #3
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ DELETE

NAME D
RODRIGUEZ, TRUE
STREET ADDRESS 1717 FLAGLER DR #3
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME D
MCDANIEL, MARY
STREET ADDRESS HC 61 BOX 60
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE

NAME D
GREGORY, DAN
STREET ADDRESS 1717 N. FLAGLER DR. #3
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ DELETE

NAME T
WRIGHT, FRANK
STREET ADDRESS 2030 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME T
GREGORY, DAN
STREET ADDRESS 1717 N FLAGLER DR #3
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MCKINNON, THOMAS
1.3 STREET ADDRESS 321 EAST 15TH STREET
1.4 CITY-ST-ZIP W. PALM BCH, FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME REMOVE
2.3 STREET ADDRESS REMOVE
2.4 CITY-ST-ZIP REMOVE

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME MCDANIEL, MARY
3.3 STREET ADDRESS HC 61 BOX 60
3.4 CITY-ST-ZIP CRESTVIEW FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME GREGORY, DAN
4.3 STREET ADDRESS 321 EAST 15TH STREET
4.4 CITY-ST-ZIP W. PALM BCH, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME REMOVE
5.3 STREET ADDRESS REMOVE
5.4 CITY-ST-ZIP REMOVE

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME GREGORY, DAN
6.3 STREET ADDRESS 321 EAST 15TH STREET
6.4 CITY-ST-ZIP W. PALM BCH, FL 33401

14. I 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 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: *Thomas McKinnon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96

800 320-0302

CR2E037 (12/95)