SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:32

DOCUMENT # N94000000239 (3)

1. Corporation Name

JIM CREWS COMMUNITY PLAYGROUND, INC.

Principal Place of Business	Mailing Address
124 W OAK STREET ARCADIA FL 33821	124 W OAK STREET ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:
4. FEI Number: [ ] Applied For [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33821	Zip 29 33821
Country 25	Country 30

9. Name and Address of Current Registered Agent

CARLTON, DAVID P
124 N BREVARD AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[X] Change [ ] Addition
NAME	HACKNEY, WILLIAM A JR	12 NAME	William Hackney
STREET ADDRESS	124 W OAK STREET	13 STREET ADDRESS	removed
CITY-ST-ZIP	ARCADIA FL 33821	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[ ] Change [X] Addition
NAME	CREWS, PATIENCE P	22 NAME	PD @ McGowan, Scott A
STREET ADDRESS	26 N JOHNSON AVE	23 STREET ADDRESS	1026 Oak View Rd.
CITY-ST-ZIP	ARCADIA FL 33821	24 CITY-ST-ZIP	Arcadia, FL 33821
TITLE	D	31 TITLE	[X] Change [ ] Addition
NAME	CREWS, MARK	32 NAME	Mark Crews
STREET ADDRESS	PO BOX 248 N/A	33 STREET ADDRESS	Removed
CITY-ST-ZIP	WAUCHULA FL 33873	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	[X] Change [ ] Addition
NAME	STEVENS, ANABEL	42 NAME	Anabel Stevens
STREET ADDRESS	RT 7, BOX 278-4	43 STREET ADDRESS	removed
CITY-ST-ZIP	ARCADIA FL 33821	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	[X] Change [ ] Addition
NAME	NUGENT, KIMBERLY A	52 NAME	D Nugent, Kimberly A
STREET ADDRESS	RT 7, BOX 250	53 STREET ADDRESS	Rt. 7, Box 250
CITY-ST-ZIP	ARCADIA FL 33821	54 CITY-ST-ZIP	Arcadia, FL 33821
TITLE		61 TITLE	Crewes, Jan TD [ ] Change [X] Addition
NAME		62 NAME	1162 Henry Barrow Ave.
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	Arcadia, FL 33821

CR2E037 (3/95)

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)(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: _____ Scott McGowan 6/9/95 941-494-6870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013058