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

N9400000287 (2) DOCUMENT #

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Principal Place of Business Mailing Address						r indulites bie leete diate detil detil detil detil betil betil betil betild biede in in inde inde			
23 S VERONA AVE AVON PARK FL 33825		BOX 627 AVON PARK FL 33825							
						3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last 01/31/19		
	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	4	26				65-0456704		Not Applicable	
Suite Apt. :	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State	3	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution		d to Fees	
Ζφ 24	Country 25	Z _I p	Count	ιγ		8. This corporation has liability for int Florida Statutes	angible tax under s. Yes 🔀 No	. 199.032,	
	9. Name and Address of Currer		1301			10. Name and Address of New Reg			
			8	1	Name				
WHIPPLE	, HARRY			2	Charach Addison	as (P.O. Box Number is Not Acceptable			
	PRIMROSE ROAD				OUCCL PAISIC	Dox rearrisor is not recoptaine.	,		
AVON PA	ARK FL 33825		8	3					
			8	4	City		85 Zij	p Code	
11 Duramant t	to the provisions of Sections 617 0500	Road 617 1500 Flordo Chabata	no the elec-				FL "		
or register	red agent, or both, in the State of Flore	da. Such change was authorize	ed by the co	rpor	ation's board	tion submits this statement for the purpo Lof directors. I hereby accept the appoir	ose of changing its r ntment as registered	registered office Lagent. Lam	
	th, and accept the obligations of, Secl	tion 617.0503, Fiorida Statutes.							
SIGNATURE	Signative, typed or printed name of registered age.)	t and true it applicable. (NO)	^r E. Begistered A _s	gent s	gnature required s	when renslating)	DATE		
12.	7-7-1-7	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
T: TLF	PD	DEFELE	11 1/11				Change	☐ Addition	
NAME	WHIPPLE, HARRY 2420 N. PRIMROSE ROAD		1.2 NAM						
STREET ADDRESS	AVON PARK FL 33825		13 STRE						
CITY - ST - ZIP THEE	SD SD	DELETE	2.1 TITLE		ZIP		☐ Change	☐ Addition	
NAME	KENNEDY, JAMES L		2 2 NAM				change		
STHEEL ADDRESS	1850 U.S. 27 S., I-10		2.3 STRE	FT AC	ODRESS				
CUTY - ST - ZIF	AVON PARK FL 33825		2.4 (01)	r-St-	- ZIP				
TITLE	TD .	DELETE	3 1 11716		<u> </u>		☐ Change	Addition	
NAME	SMITH, ALLEN E		3.2 NAM	E					
STHEET ADDRESS	2707 CHEVOIT ROAD		3 3 STRE						
City-St ZiF	AVON PARK FL 33825	DELETE	3.4 C·TY		- ZIP		- Charre	T Addit .	
THILE NAME		[_lntreit	4 1 TITUE 4 2 NAM				☐ Change	Addition	
STREET ADDRESS			4 2 NAN 4 3 STRE		nneess				
CITY-ST-ZIF			4 3 3 THE						
TITLE	Water that the same	☐ DEL E1E	51 TITU		-		Change	☐ Addition	
NAME			5.2 NAM	E				_	
STREET ADOPESS			5 3 STRE	ET AC	DDRESS				
CITY-SI-ZIF			5 4 C TY	·ST-	ZiP				
TITLE		DELETE	61 TITLE	E			Change	Addition	
NAMÉ			6.2 NAM						
STREET ADOPESS			63 STRE						
C(TY-ST-Z(F			6.4 O(IV	·ST	719				

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 enipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hand typed of Printed Name of Signing Officer on Director 2-12-96 1-941-452-1101

CR2E037 (12/95)