


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 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 # **N94000000391 (2)**

1. Corporation Name

PRINCETON/NARANJA COMMUNITY COUNCIL INC.



Principal Place of Business 12414 S.W. 259 STREET PRINCETON FL 33032	Mailing Address PO BOX 824293 PRINCETON FL 33092-4293 US
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3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 27051 SW 119 CT Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State NARANJA FL	27 City & State
23 Zip 33032	28 Country
24 Country DADE	29 Country

4. FEI Number 65-0474234	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADAMS, DANIEL 12414 S.W. 259 STREET PRINCETON FL 33032	
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10. Name and Address of New Registered Agent 81 Name Bridget F Steele 82 Street Address (P.O. Box Number is Not Acceptable) 27051 SW 119 CT 83 84 City NARANJA FL 85 Zip Code 33032

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 *Bridget F Steele* DATE **4-26-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, DANIEL		1.2 NAME LEONARDS, Anthony	
STREET ADDRESS 12414 SW 259 ST		1.3 STREET ADDRESS 14820 NARANJA BLVD APT PH	
CITY-ST-ZIP PRINCETON FL		1.4 CITY-ST-ZIP HOUSTEAD FL 33032	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BETANCOURT, NINA		2.2 NAME DALE CRANER	
STREET ADDRESS 24100 SW 123 AVE		2.3 STREET ADDRESS 26330 SW 131 ST	
CITY-ST-ZIP PRINCETON FL		2.4 CITY-ST-ZIP PRINCETON FL 33032	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONTE, PHYLLIS		3.2 NAME	
STREET ADDRESS 26853 S.W. 125 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP PRINCETON FL 33032		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE BARBARA DODSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BETANCOURT, NINA		4.2 NAME 13100SW 260 ST	
STREET ADDRESS 24100 SW 123 AVENUE		4.3 STREET ADDRESS HOUSTEAD FL 33032	
CITY-ST-ZIP PRINCETON FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, RALPH		5.2 NAME	
STREET ADDRESS 28550 S.W. 125 AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP PRINCETON FL		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEELE, BRIGET		6.2 NAME	
STREET ADDRESS 27051 S.W. 119 CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP PRINCETON FL		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 *Bridget F Steele* DATE **4-26-97**

CR2E037 (9/96)