## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name N94000001623 (7)

## FILED May 16 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address		- THE STATE OF THE PRINT DESIGNATION OF THE PRINT STATE STATE OF THE PRINT STATE STATE STATE STATE OF THE PRINT STATE STA	IIY ODIIK ODIOL YIBIB BIYI	O OLOGA CARE LOGI			
P.O. BOX 2001 TALLAHASSEE		P.O. BOX 20014 TALLAHASSEE FL 32316	-0014				
					3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last 02/19/1	
`	Place of Business	2a. Mailing Address			4. FEI Number 59-3267295	<del> </del>	Applied For
Suite, Apt	# ptc	Suite, Apt. #, etc.			00 0001200	60.7	Not Applicable  5 Additional
22 Suite, Apr	<b>#,</b> 8(C.	27					Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in		rs. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	ont Registered Agent			10. Name and Address of New Reg	latered Agent	
			81	Name			
HARRELL, VERONICA A. 6070-13 DOME LEVEL RD		Street Addr	ddress (F.O. Box Number is Not Acceptable)				
	ASSEE FL 32304		83				
			84	City		FL 85 Z	ip Code
44 5		100 4 042 4500 Flestele Die	45-45-55-				- itintorn
office or	registered agent, or both, in the Stat	buz and 617.1506, Florida Sta le of Florida, Such change wa	tutes, the above is authorized by	named corporal	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing t the appointment	g its registered as registered
agent. La	am familiar with, and accept the obli	ations of Section 617.0503	Florida Statutes			11.10	٠
SIGNATURE	Jeronica H.	Hanel	Veron		H. Harrell	5/6/7	
12.	Signature, typed or printed name of registered at	gent and the 11 applicable. (N ND DIRECTORS	OTE: Registered Ager	ni eignatura requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	VD OFFICERS AI	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTTIO	Chang	
NAME	JOHNSON, MIKE	OLLEGE	1.2 NAME	}		Land Orking	,, , , , , , , , , , , , , , , , ,
STREET ADDRESS			1.3 STREET	ADDRECC			
City-St-7iP	TALLAHASSEE FL 32303	i.	1.4 CITY-S1	1			
TITLE	TD	DELETE	2.1 TITLE	1-21P		Chang	ne Additio
NAME	HARRELL, VERONICA	E 2000-10	2.2 NAME		N +		
STREET ADDRESS	AND ASSESSED IN THE BOARD	ì	2.3 STREET	ADDRESS			
	TALLAHASSEE FL 32304		2.4 CITY - S	· 1			
CITY-ST-ZIP TITLE	PD PD	DELETE	2. 4 GHY - S	P	6	Chang	ne Additio
NAME	BARNES, FRANK		3.2 NAME				
HOME				1 4	45140   Andorsina		
CIDELL VUUDI GG	2573 GLOVER RD			Anneree 122	andry, Lawrence		
STREET ADDRESS			3.3 STREET	ADDRESS L	Andry, Lawrence 53 Compande Lav. Tallahous etc. #1 22	<b>5</b> 6 4	
CITY-ST-ZIP	2573 GLOVER RD TALLAHASSEE FL 32310	DELETE	3.3 STREET 3.4. CITY-S	ADDRESS IL	andry, Lawrence 53 Company Lav. Takahass BO, Fi 32	<b>3 oU</b> Chang	ge 🔲 Addilio
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14. I do hereby certify that the information supplied with this filing does not quality 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 pociety 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:

My BELLAWRANCE LANdey DOS 1