


FILE NOW: FILING FEE IS \$61.25

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Apr 24 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 # **N94000002442 (1)**

1. Corporation Name

NSFA, INC.



Principal Place of Business	Mailing Address
P.O. BOX 1329 WINTER PARK FL 32780-1329	P.O. BOX 1329 WINTER PARK FL 32780-1329

3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Report 07/22/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3302292	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ (Signature, typed or printed name of registered agent; and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, KEN	1.2 NAME	WILLIAM H. RALEY, JR.
STREET ADDRESS	108 LOWELL RD.	1.3 STREET ADDRESS	4814 E. LAKE DR.
CITY-ST-ZIP	WINDHAM NH 03087	1.4 CITY-ST-ZIP	CASSELBERRY, FL 32708
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOWSKI, DAN	2.2 NAME	
STREET ADDRESS	1444 ROOSEVELT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, LENNY	3.2 NAME	
STREET ADDRESS	RT. 1 BOX N. HWY. 441	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, SARA S	4.2 NAME	
STREET ADDRESS	4814 E. LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32708	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, EILEEN	5.2 NAME	
STREET ADDRESS	14001 FOX RUN CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX MD 21131	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILLSBURY, KEN	6.2 NAME	
STREET ADDRESS	4309 MAYWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	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: *SARA S RALEY* **SARA S RALEY** 4/16/97 407-699-4186
Date Daytime Phone # 0015312

CR2E037 (9/96)