NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mei nam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002786

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Bink	Gliss	on Histor	rical	Preservat	ion T	'rust	In	c.				
Principal Place of Business Mailing Address												
		rest Hill	Boule	evard								
Suite 9 Wellington, FL 33414								<ol> <li>Date Incorporated or Qu</li> <li>5/31/94</li> </ol>	alified 3s	<ul><li>a. Date of Last</li><li>3/14/</li></ul>		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For	
21				26				65-0495257			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Des	ired 🔲		5 Additional	
22				27				G. Commodic of Glorido 250		Fee	Required	
City & State				City & State				6. Election Campaign Final			O May Be	
23 Zip	Zip Country			Zip Country								
24	25)			29 30			ì	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes X No				
9. Name and Address of Current								10. Name and Address of				
							,					
Donald P. Dufresne, Esq.							Jara	Witkowski, s (P.O. Box Number is Not A	ESQ.			
12788 W. Forest Hill Boulevard								W. Forest Hi		ilevard	ı	
Suite 2003							ite					
Wellington, FL 33414										FL 85 Zi	ip Code	
11. Pursuant	to the provis	ons of Sections 617 0	502 and 617	1508. Florida Stalut	es, the abo	va.namaa	d corner	gton	for the purpo	nee of changing	3414 a ils registered	
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 17.0503, Florida Statutes.												
SIGNATURE / A WAY												
Significate, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal								<del></del>	A CHEICEBO	ATE DIDECT	ODC IN 10	
12.	Droc	/Director	AND DIRECT	DELETE	13.		TD	ADDITIONS/CHANGES TO	J OFFICERS	K Change		
NAME		Glisson		been	1.2 NAME			s./Director k Glisson		TO Change	,c xoullon	
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CITY-ST-ZIP		ngton, FL			3 4. CITY			lington Et	22/1/		· [	
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STREET ADDRESS					4 3 STRE	ET ADDRESS		*	****E1	.25 ***	₩₩61.25	
CITY-SI-ZIP				Dougre	4.4 City		<b></b>					
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STREET ADDRESS						ET ADDRESS			1			
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NAME					6.2 NAME			YR1 1.	' V	- Charle	- Lividicon	
STREET ADDRESS						- Et address		$\mathcal{A}$ .	•			
City-St-Zip					6.3 STREE						1	
14. I do heret	by certify tha	the information supp	lied with this	filing does not qualif	ly for the ex	emption s	stated in	Section 119.07(3)(i), Florida	Statutes. I fo	urther certify th	al the	
informatio	n indicated of fficer or direc	on this annual report o	r supplement or the receiv	ital annual report is ti ver or trustee empow	rue and acc ered to exe	curate and	d that m	y signature shall have the sa s required by Chapter 617, F	me legat effe	ect as if made ι	under oath; that l	