FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9

24

N94000002840 (6)

rincipal Place of Business	Mailing Address 1068 W. 28TH ST. RIVIERA BEACH FL 33404-4101			
1068 W. 28TH ST. Riviera Beach Fl 33404				
¬ '	2a. Mailing Address			
2. Principal Place of Business 11 Sulte, Apt. #, etc.	26. Mailing Address 26. Suite, Apt. #, etc. 27.			

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Country

9. Name and Address of Current Registered Agent

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FILED Aug 25 1997 8:00am Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report 02/14/1996

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualified 06/06/1994

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11 1 1 1111 11 11

Florida Statutes

NOT APPLICABLE

1068 W. 28TH ST.			82	Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City	FL	85	Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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 Signative, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE									
12. OFFICERS AND DIRECTORS 13.									
TITLE	P OFFICERS AND DIRECTOR	DELETE	1.1 TITLE	·I	ADDITIONS/OFFACES TO OFFICE IS AND	Ch		Addition	
NAME	CAMPBELL, URIAH	occur	1.2 NAME				ango.		
STREET ADDRESS	410 W. 36 ST.		1.3 STREET	*UDDEGG					
CITY-ST-ZIP	RIVIERA BEACH FL 33404							}	
TITLE	T	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Ch	пое	Addition	
NAME	SPRINGER, SHEILA		2.2 NAME	1	'				
STREET ADDRESS	800 W 38 CT		23 STREET	ADDRESS				Ì	
CITY-ST-ZIP	W. PALM BEACH FL 33406		2.4 CITY-S					Ī	
TITLE	\$	DELETE	3.1 TrTLE	1 - 211		Ch	ange	Addition	
NAME	BROWN, ULALEE		3.2 NAME			_	•	_	
STREET ADDRESS	410 W. 36 ST.		3.3 STREET	ADDRESS				i	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		3.4. CITY - S						
TITLE	V	DELETE	4.1 TITLE		<u> </u>	☐ Ch	ange	Addition	
NAME	CAMPBELL, THELMA J		4. 2 NAME						
STREET ADDRESS	410 W 36TH STREET		4.3 STREET	ADORESS					
CITY-ST-ZIP	RIVIERA BEACH FL 33404		4.4 CITY-S	-ZIP				ì	
TITLE	T	DELETE	5.1 TITLE			☐ Ch	inge	Addition	
NAME	WILKINSON, ERWIN		5.2 NAME]	
STREET ADDRESS	231 HURON PL		5.3 STREE1	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33409		5.4 CITY-S	-ZIP]	
TITLE	T	DELETE	6.1 TITLE			Ch	ange	Addition	
NAME	MINOTT, DOLORES		6.2 NAME					İ	
STREET ADDRESS	1400 VILLAGE BLVD.		6.3 STREET	ADDRESS		,)	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		6.4 CITY-S						
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.									

Country

81 Name

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