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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

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EL ABIDAIA	ARAPDIOANI	PARAMAY.	1000001171011	4440
FLURIDA'S	AMERICAN	FAMILY	ASSOCIATION.	ING.

Principal Place of Business Mailing Address P.O. BoX 82722 TAMPA FL 33612 TAMPA FL 33682											
TAMPA FL 33612 TAMPA FL 33682 3. Date Incorporated or Qualified O/7/18/1994 3. Date of Last Report O/4/06/1995 2. Principal Place of Business 2.6 Mailing Address 4. FEI Number 59-3283890 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State 5. Certificate of Status Desired 58.75 Additional Fee Required Trust Fund Contribution Added to Fees 7. Sp. 3283890 City & State 5. Certificate of Status Desired 58.75 Additional Fee Required 7. Sp. 3283890 City & State 5. Certificate of Status Desired 58.75 Additional Fee Required 8. Fee Required 9. Sp. 3283890 Trust Fund Contribution Added to Fees 7. Sp. 3283890 Application of Sp. 3283890 City & State 5. Certificate of Status Desired 58.75 Additional Fee Required 9. Sp. 3283890 Trust Fund Contribution Added to Fee 8. Sp. 3283890 Trust Fund Contribution	Principal Place of Bus	usiness	Mailing Address		r inderitat den ibsir gibts gatis gatis datis datis baldd tulbi disde latat blis inn.						
2. Principal Place of Business											
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	2. Principal Place of	of Business	2a. Mailing Address				4. FEI Number		Δ	pplied For	
Schedule Status	·						59-3263690				
Trust Fund Contribution	_	o. 	27				5. Certificate of Status Desired				ı
Zip Country Zip Country Sip 30 Street Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12. TILE PTD DELETE 11 TITLE Country Address of Name Address of Name Address of Name Institution in Address of Name Address (P.O. Box Number is Not Acceptable) 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Institutes Instit	who.		·				, 5	П			
24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name CATON, DAVID E 1511-K E. FOWLER AVENUE TAMPA FL 33612 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 off 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, typicd or printed name of registered agent and title if applicative (NOTE Registered Agent signature required when reinstating): DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 TILE PTD Change Addition		Country		Cour	to.		 				
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14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _

David Caton 4-4-96 1-813-971-4622
Dayling OFFICER OR DIRECTOR

Dayling Phone #

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