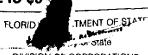
FILE NOW: FILING FEE IS \$65

NONPROFIT CORPORATION ANNUAL REPORT





DIVISION OF CORPORATIONS

1997

N9400003598 (9) DOCUMENT #

RESIDENTS' ORGANIZATION AFTER RIGHTS, INC.

Principal Place of Business	Mailing Address		
25201 S HWY 27	P O BOX 581		
LEESBURG FL 34748-9009	Okahumpka FL 347		
US	US		

FILED					
Jun 26 1997	8:00am				
Secretary of	of State				



25201 S HWY LEESBURG FL US		P O BOX 581 OKAHUMPKA FL 34762-00 US	561	3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report 03/29/1996	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3282910	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$0.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28	1 0	Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No		
24	6 Name and Address of Covered Decisioned Agent				10. Name and Address of New Registered Agent	
			81 Name			
• COLLIN	G IFF.I		20	(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		
	RANGE AVE		82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 7			83			
ORLANI	DO FL 32801		84 City		85 Zip Code	
	<u> </u>				FL	
11. Pursuant i	to the provisions of Sections 617.050 egistered agent, or both, in the State or femiliar with and eccept the obligations.	2 and 617.1508, Florida Statu of Florida. Such change was stions of Section 617.0503. Fl	ies, the above-named authorized by the corp oride Statutes	corporation submits this statement for the publication's board of directors. I hereby accept	rpose of changing Its registered the appointment as registered	
SIGNATURE	THE ISTURBE WATER AND BECOME THE DUNGS	ations of, bection 017.0303, 11	onda otatolos.			
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registered Agent signature		DATE	
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TITLE	VICE PRESIDENT	• Change Addition	
NAME	CHESTER, HAMM		1.2 NAME	Chester Hamm 🗡 D 24807 Pine Hill	I KEETOR	
STREET ADDRESS	25129 BARROW HILL LEESBURG FL	,	1.3 STREET ADDRESS	Leesburg, FL 3474	Ω	
CITY-ST-ZIP TITLE	D D	DELETE	1.4 C(TY-ST-ZIP 2.1 T(TLE	SECREFARY	Change Addition	
NAME	HANSEL, BETTY LOU		2.2 NAME	Max Hansel DiRe	CTOR	
STREET ADDRESS	5530 HAMLIN CT		2.3 STREET ADDRESS	5530 Hamlin Ct.		
CITY-ST-ZIP	LEESBURG FL	,	2. 4 CITY-ST-ZIP	Leesburg, FL 3474	0 .	
TITLE	D	UZ DELETE	3.1 TITLE	PRESIDENT	Change Addition	
NAME	DEITER, GEORGE		3.2 NAME	George Leitz POIR	ECTOR	
STREET ADDRESS	5096 EL DESTINO DR		3.3 STREET ADDRESS	25720 Oak Alley	•	
CITY-ST-ZIP	LEESBURG FL		3.4. CITY - ST - ZIP	Legsburg - Fb 34748		
TITLE	D	M DELETE	4.1 TITLE	TREASURER SOL	Loange Addition	
NAME	LILLEY, LEON		4. 2 NAME	O O O O O PILL MILL LOC	RECTOR	
STREET ADDRESS	25505 BELLE ALLIANCE		4.3 STREET ADDRESS	5450 Astor		
CITY-ST-ZIP	LEESBURG FL	T nerve	4.4 CITY - ST - ZIP	Leesburg, FL 34748		
TITLE	D MOCANINI EGO I EDOV	☐ DELETE	5.1 TITLE	DIRECTOR	Change Addition	
NAME .	MCCANDLESS, LEROY		5 2 NAME	leroy McCandless 25620 Belle Alliar		
STREET ADDRESS	25620 BELLE ALLIANCE LEESBURG FL		5.3 STREET ADDRESS	leesburg, FL 34748		
CITY-ST-ZIP TITLE	LECODURO FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Leesbury, FL 34/48	Change Addition	
NAME		□ octicit	6.2 NAME		Therefore The vocation	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	y pertify that the information cumplic	d with this filing does not qual		tated in Section 119.07(3)(i) Florida Statutes	Lituriber certify that the	

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.