

FILE NOW: FILING FEE IS \$6

FILED  
Jun 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003598 (9)

1. Corporation Name

RESIDENTS' ORGANIZATION AFTER RIGHTS, INC.

Principal Place of Business

25201 S HWY 27  
LEESBURG FL 34748-9009  
US

Mailing Address

P O BOX 581  
OKAHUMPKA FL 34762-0581  
US

3. Date Incorporated or Qualified  
07/18/1994

3a. Date of Last Report  
03/29/1996

4. FEI Number

59-3282910

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\* COLLING, LEE J  
20 N ORANGE AVE  
SUITE 700  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE D  
NAME CHESTER, HAMM  
STREET ADDRESS 25129 BARROW HILL  
CITY-ST-ZIP LEESBURG FL

☐ DELETE

TITLE D  
NAME HANSEL, BETTY LOU  
STREET ADDRESS 5530 HAMLIN CT  
CITY-ST-ZIP LEESBURG FL

☒ DELETE

TITLE D  
NAME DEITER, GEORGE  
STREET ADDRESS 5096 EL DESTINO DR  
CITY-ST-ZIP LEESBURG FL

☒ DELETE

TITLE D  
NAME LILLEY, LEON  
STREET ADDRESS 25505 BELLE ALLIANCE  
CITY-ST-ZIP LEESBURG FL

☒ DELETE

TITLE D  
NAME MCCANDLESS, LEROY  
STREET ADDRESS 25620 BELLE ALLIANCE  
CITY-ST-ZIP LEESBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT  
1.2 NAME Chester Hamm  
1.3 STREET ADDRESS 24807 Pine Hill  
1.4 CITY-ST-ZIP Leesburg, FL 34748

☐ Change ☐ Addition

2.1 TITLE SECRETARY  
2.2 NAME Max Hansel  
2.3 STREET ADDRESS 5530 Hamlin Ct.  
2.4 CITY-ST-ZIP Leesburg, FL 34748

☒ Change ☐ Addition

3.1 TITLE PRESIDENT  
3.2 NAME George Leitz  
3.3 STREET ADDRESS 25720 Oak Alley  
3.4 CITY-ST-ZIP Leesburg, FL 34748

☒ Change ☐ Addition

4.1 TITLE TREASURER  
4.2 NAME Joseph White  
4.3 STREET ADDRESS 5450 Astor  
4.4 CITY-ST-ZIP Leesburg, FL 34748

☒ Change ☐ Addition

5.1 TITLE DIRECTOR  
5.2 NAME Leroy McCandless  
5.3 STREET ADDRESS 25620 Belle Alliance  
5.4 CITY-ST-ZIP Leesburg, FL 34748

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E037 (9/96)