

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004206 (8)**

1. Corporation Name

**ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, IN C.**

Principal Place of Business

Mailing Address

5840 NORTH ORANGE BLOSSOM TRAIL  
STE. 273  
ORLANDO FL 32810

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STE. 273  
ORLANDO FL 32810



3. Date Incorporated or Qualified  
**08/24/1994**

3a. Date of Last Report  
**07/26/1995**

2. Principal Place of Business  
21 **3665 E. BAY DRIVE**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **3665 E. BAY DRIVE**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0532241**  
Applied For  
Not Applicable

22 **SUITE 204-169**  
City & State

27 **SUITE 204-169**  
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **LARGO, FL**  
Zip

28 **LARGO, FL**  
Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34641**  
Country

29 **34640**  
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALSH, JOHN W**  
**3326 MARY STREET STE. 301**  
**COCONUT GROVE FL 33133**

81 Name **HEERING, RICHARD D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**625 LOIS LANE**  
83  
84 City **BELLEAIR BLUFFS** FL 85 Zip Code **34640**

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 **RICHARD D. HEERING**  
Signature, typed or printed name of registered agent, and title if applicable.

**Richard D. Heering**  
(NOTE: Registered Agent signature required when reinstating)

**3-4-96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, J G	
STREET ADDRESS	26810 ANDERSON RANCH ROAD	
CITY-ST-ZIP	YALAHUA FL 34797	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CREMEANS, MAGGIE	
STREET ADDRESS	2643 MAXWELL DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, RICHARD D	
STREET ADDRESS	625 LOIS LANE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, L M	
STREET ADDRESS	1325 GREENDALE AVENUE STE. 28	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, TERRY L	
STREET ADDRESS	752 WINFRED DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARRIOTT, GAYLE	
STREET ADDRESS	9987 PINE RUN COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	

1.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALSH, JOHN W.	
1.3 STREET ADDRESS	3326 MARY ST STE 301	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
2.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROWE, GERALD K.	
2.3 STREET ADDRESS	16209 SKY AVE	
2.4 CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEERING, EVELYN E.	
3.3 STREET ADDRESS	625 LOIS LA	
3.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL 34640	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANDY LINDSEY	
4.3 STREET ADDRESS	13465 SW 18TH ST CIR.	
4.4 CITY-ST-ZIP	MIAMI, FL 33186	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<del>MARRIOTT</del> CREMEANS, MAGGIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2643 MAXWELL DR	
6.3 STREET ADDRESS	APOPKA, FL 32703	
6.4 CITY-ST-ZIP		

14. I do 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: **Terry Young**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96** (904) 278-1901  
DATE Daytime Phone #

CR2E037 (12/95)