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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004206 (8)**

1. Corporation Name

ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, INC.



Principal Place of Business	Mailing Address
3665 E. BAY DR STE 204-169 LARGO FL 34641 US	3665 E BAY DR STE 204-169 LARGO FL 33771-1990 US

3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business	2a. Mailing Address
21 3665 E. Bay Drive Suite, Apt. #, etc.	26 3665 E. Bay Drive Suite, Apt. #, etc.
22 Suite 204-169 City & State	27 Suite 204-169 City & State
23 Largo, Florida Zip Country	28 Largo, Florida Zip Country
24 34641 25 USA	29 34641 30 USA

4. FEI Number 65-0532241	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HEERING, RICHARD D. 625 LOIS LANE BELLEAIR BLUFFS FL 34640	

10. Name and Address of New Registered Agent	
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** *Richard D. Heering* **2-5-97**
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	VD <input type="checkbox"/> DELETE
NAME	WALSH, JOHN W.
STREET ADDRESS	3326 MARY ST, STE 301
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	WOKX D <input type="checkbox"/> DELETE
NAME	ROWE, GERALD K.
STREET ADDRESS	16209 SKY AVE
CITY-ST-ZIP	PANAMA CITY BCH FL 32413
TITLE	SD <input type="checkbox"/> DELETE
NAME	HEERING, EVELYN D.
STREET ADDRESS	625 LOIS LANE
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640
TITLE	D <input type="checkbox"/> DELETE
NAME	LINDSEY, SANDY
STREET ADDRESS	13485 SW 108TH ST CIR
CITY-ST-ZIP	MIAMI FL
TITLE	YK D <input type="checkbox"/> DELETE
NAME	YOUNG, TERRY L
STREET ADDRESS	752 WINFRED DRIVE
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	VD <input type="checkbox"/> DELETE
NAME	CREMEANS, MAGARET
STREET ADDRESS	2643 MAXWELL DR
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anderson, Andy
1.3 STREET ADDRESS	26810 Anderson Ranch Road
1.4 CITY-ST-ZIP	Yalaha, FL 34797
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Guptill, Dick
2.3 STREET ADDRESS	1551 Jenson Terrace
2.4 CITY-ST-ZIP	S.E. Palm Bay, FL 32909
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Strock, Marta
3.3 STREET ADDRESS	3252 Virginia Street
3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Huband, Doris
4.3 STREET ADDRESS	3062 Woolridge Drive
4.4 CITY-ST-ZIP	Orlando, FL 32837
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Young, Judy
5.3 STREET ADDRESS	752 Winfred Drive
5.4 CITY-ST-ZIP	Orange Park, FL 32073
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Love, Steve
6.3 STREET ADDRESS	P.O. Box 11512
6.4 CITY-ST-ZIP	Spring Hill, FL 34610

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.

SIGNATURE: **Doris D. Huband** *Doris D. Huband* **Feb 4, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)