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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004206 (8)**

1. Corporation Name

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

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 34641  
US

2. Principal Place of Business

2a. Mailing Address

21 **3665 E. BAY DR**

26 **3665 E. BAY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE 204-169**

27 **STE 204-169**

City & State

City & State

23 **LARGO, FL**

28 **LARGO, FL**

Zip

Country

Zip

Country

24 **33771**

25 **US**

29 **33771**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEERING, RICHARD D.  
625 LOIS LANE  
BELLEAIR BLUFFS FL 34640**

81 Name

**RICHARD D. HEERING**

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

**625 LOIS LANE**

83

84 City

**BELLEAIR BLUFFS**

FL

85 Zip Code

**33770**

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.

**PRES. RICHARD D. HEERING**  
(NOTE: Registered Agent signature required when reinstating)

**3-12-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, JOHN W.</b>	
STREET ADDRESS	<b>3326 MARY ST, STE 301</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWE, GERALD K.</b>	
STREET ADDRESS	<b>16209 SKY AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEERING, EVELYNE E.</b>	
STREET ADDRESS	<b>625 LOIS LANE</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDSEY, SANDY</b>	
STREET ADDRESS	<b>13465 SW 108TH ST CIR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNG, TERRY L</b>	
STREET ADDRESS	<b>752 WINFRED DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TD</b>
5.3 STREET ADDRESS	<b>DORIS HUBAND</b>
5.4 CITY-ST-ZIP	<b>3062 WOOLRIDGE AVE</b>

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CREMEANS, MAGARET</b>	
STREET ADDRESS	<b>2643 MAXWELL DR</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Huband*  
Signature, typed or printed name of officer or director

**3/16/98**

CR2E037 (10/97)