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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004206

1. Corporation Name

ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, INC.

Principal Place of Business

3665 E BAY DR
STE 204-169
LARGO FL 34641
US

Mailing Address

3665 E BAY DR
STE 204-169
LARGO FL 34641
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33771 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 33771 30 Country

3. Date Incorporated or Qualified

08/24/1994

4. FEI Number

65-0532241

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

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 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* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, JOHN W.	
STREET ADDRESS	3326 MARY ST, STE 301	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, GERALD K.	
STREET ADDRESS	16209 SKY AVE	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEERING, EVELYNE E.	
STREET ADDRESS	625 LOIS LANE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDSEY, SANDY	
STREET ADDRESS	13465 SW 108TH ST CIR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUBAND, DORIS	
STREET ADDRESS	3062 WOOLRIDGE AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
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	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REGASPI, EIL	
1.3 STREET ADDRESS	816 N. SUMMERLIN AVE.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32803	
2.1 TITLE	P. CAMA, NANCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	263 RILEY LAKE DR.	
2.3 STREET ADDRESS	NAWTHORNE, FL 32640	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CREMEANS, MARGARET	
6.3 STREET ADDRESS	600 BLUE LAKE PR.	
6.4 CITY-ST-ZIP	LONGWOOD, FL 32779	

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, with all other like empowered.

SIGNATURE: *Doris Huband* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 407-8570545

CR2E037 (1/98)