FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. M. rthar 🕽 🍍

Secretary of

1996

SIGNATURE: _

DIVISION OF CORPORATIONS

N9400000 4962 **DOCUMENT #** Principal Place of Business

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED

96 SEP 20 AM 7: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		· · ·		•			3. Date Incorporated or Que		Date of	Last Report
11 2400	lace of Business o EAST MORANBAY	2a. Mailing Addre	EASTA	lorth	BAY	1	4. FEI Number APP	licable	,	Applied For Not Applicabl
Suite, Apt.	# @ (©)	Suite, Apt. #,	etc.)				5. Certificate of Status Desi	red 🔲	\$	8.75 Additional Fee Required
Oity & Stal		City & State	+ F/A	F		/	Election Campaign Finan Trust Fund Contribution	cing		5.00 May Be Added to Fees
4 336		33410	30	Country'	15,	,	 This corporation has liabing Florida Statutes 	☐ Yes	□ No	
	9. Name and Address of Cur	rrent Registered Agent		B1	Name		10. Name and Address of	New Registe	red Ager	nt
	olmon Wilso 466 EAST NORTH Tompa F1 3	N SRI					(D.O. D. M. ale : No. 4			
1	1/6/ FAST NORTH	h13A4		82	Street Ac	ddress	(P.O. Box Number is Not Ac	ceptable)		
1 2	700 Pris	2110		83						
	Tampa 1 3	19610		84	City				85	Zip Code
			Dt-1 1						-L	
or registe	To the provisions of Sections 617.0 pred agent, or both, in the State of F	florida. Such change was a	authorized bi	ne above-na y the corpor	med corp ration's bo	poratio oard o	n submits this statement for f directors. I hereby accept ti	the purpose o ne appointmer	t changin it as regis	g its registered off stered agent. I am
•	ith, and accept the obligations of, S	Section 617.0503, Florida S	statutes.							
SIGNATURE	Signature, typed or printed name of registered a	agent and blie if applicable	(NOTE RE	egistered Agent s	signature requ	jured wtw	en reinstalling)	DA	ľE	
12.	-,	AND DIRECTORS		13.			ADDITIONS/CHANGES T	O OFFICERS	AND DIR	ECTORS IN 12
TITLE	DIRECTOR	DELE	TE 1	1.1 TITLE					□ Ch	ange 🔲 Addition
NAME	EVAN, DESS LE	M. JHILSON	٩.	1.2 NAME						
STREET ADDRESS	EVAN. DESS LE 2406 EAST NORTH TAMPA, F/A	3 3610		1.3 STREET A						
CITY-ST-ZIP TITLE	ASST DIRECTOR	T DELE	TE	1.4 CITY - ST- 2.1 TITLE	·ZIP					ange
NAME	CERALDAN WISSON			2 2 NAME 2 3 STREET ADDRESS			900001965659 -10/04/9601097002			
STREET ADDRESS			•							
CITY-ST-ZIP	TAMOA FlA 33410			2 4 CITY - ST - ZIP			₩EŵE	***61.2	5 **	## # 61.25
TITLE	CO/220 11/1	DELE	TE	3 1 TITLE					Cr	iange 🔲 Addition
NAME	Circust - 5	CHISR		3 2 NAME	İ				-	
STREET ADDRESS	246	,	1 2/.	3.3 STREET A	DORESS					
CITY-ST-ZIP	MENTY R. MERIN	Xuf-Kerkilk	35610	34 CITY-ST	- ZIP					<u></u>
TITLE		/ -Ł_DELE	TE	4.1 TITLE					☐ Ch	ange 🔲 Addition
NAME	1			4. 2 NAME						
STREET ADDRESS				4.3 STREET A						
CITY-ST-ZIP		DELE	TE	4.4 CITY-ST-	ZIP					anno Caldata
TITLE NAME		[_]DELE	. ()L	5.1 TITLE 5.2 NAME				ND.	 	_
STREET ADDRESS				5.2 NAME 5.3 STREET A	DOBESS			\mathcal{M}	1013	1
CITY-ST-ZIP				5.4 CITY - ST-				~		
TITLE		DELE	TE	61 TITLE	-"				☐ Cr	nange 🔲 Addition
NAME				6.2 NAME					_	-
STREET ADDRESS				6.3 STREET A	DORESS					
CITY-ST-ZIP				6.4 CITY - ST						
	by certify that the information suppli									