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NONPROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION LL REPORT	Secre	etary of State F CORPORATIONS	3			
	ENT # N94 0	000006021 (9					
orporation Na	RIVER CRAFTERS GU	IILD, INC.			(jadjulk) did (dil) diku katu da	111 19(1) 28(1) 28(1) 28(1) 24	
cipal Place of	f Business	Mailing Address			ı 18911191 919 19111 81811 99111 88	ren wante ABîrik QUIEL BÜÜL ÜL	1189 118 158
· *		3117 S. INDIAN RIVER	R DRIVE				
1 North Second St , Pierce Fl 34950		FT. PIERCE FL 34982-					
FIENCE TEX				3.	Date Incorporated or Qualified	d 3a. Date of Las 03/10/	st Report 1005
				<u> </u>	12/07/1994	<u> </u>	Applied For
Principal Place	ce of Business	2a. Mailing Address		4.	. FEI Number 65-0544084	<u> </u>	Not Applicable
Strike *	etc	Suite, Apt. #, etc.					75 Additional
Suite, Apt. #,	, 6.0.	27			. Certificate of Status Desired	Fe Fe	e Required
City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be
		28	Country		Trust Fund Contribution This corporation has liability for	for intangible tax under	
Žip	Country 25	Zip	30 Country		Florida Statutes	🔲 Yes 🗹 No	
	9. Name and Address of	29 Current Registered Agent). Name and Address of New	w Registered Agent	
			1 1	Name			
	BASILICO, CATHERYN M		82	Street Address (P	P.O. Box Number is Not Accep	ntable)	
3117 S. IN	NDIAN RIVER DRIVE			· · · · · · · · · · · · · · · · · · ·			
FT. PIERC	CE FL 34982-7746		83				
	•		1 '				
		317.0502 and 617.1508, Florida State of Florida. Such change was author	}	City amed corporation oration's board of c	submits this statement for the directors. I hereby accept the a	FL	Zip Code its registered offic ered agent. I am
Pursuant to or registere familiar with	o the provisions of Sections 6 ed agent, or both, in the State th, and accept the obligations Stanature, typed or printed name of regis	of, Section 617.0503, Florida Statu	{	amed corporation oration's board of c	o reinstating)	purpose of changing in appointment as registe	its registered offic ered agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.0 (SIK), Florida Statutes. Filtrition 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:

CATHERYN M. LIBUHA BASILICO 3/28/16 (407) 465 - 808

Baytine Phone *

Date

Date

Daytine Phone *