

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Jul 30 1997 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000006223 (1)**  
 1. Corporation Name  
**NANA'S HOUSE, INC.**



Principal Place of Business <b>610 FERRIS ST GREEN COVE SPRINGS FL 32043</b>	Mailing Address <b>610 FERRIS ST GREEN COVE SPRINGS FL 32043</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1994</b>		3a. Date of Last Report <b>08/12/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
4. FEI Number <b>59-3286023</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

**9. Name and Address of Current Registered Agent**

**SAHR, CHERYL  
610 FERRIS ST  
GREEN COVE SPRINGS FL 32043**

**10. Name and Address of New Registered Agent**

81 Name **JOHN W. OLINGER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2003 PRINGLE CIRCLE**  
 83  
 84 City **GREEN COVE SPRINGS** FL 85 Zip Code **32043**

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 617.0504, Florida Statutes.

SIGNATURE **JOHN W. OLINGER** *John W. Olinger* **7/23/97**  
 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAHR, CHERYL</b>	
STREET ADDRESS	<b>1365 SHEFFIELD RD</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL 32258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEACH, DELLA</b>	
STREET ADDRESS	<b>174 PALMER ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32095</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EPPLER, AUGUST</b>	
STREET ADDRESS	<b>5087 EDGEWATER CT</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'LINGER, JOHN</b>	
STREET ADDRESS	<b>2003 PRINGLE CIRCLE</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROOKER, MIKE</b>	
STREET ADDRESS	<b>430 S. VERMONT ST.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRING S FL 32043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DONNA SMITH</b>	
STREET ADDRESS	<b>430 S. VERMONT ST.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>OLINGER, JOHN</b>	
1.3 STREET ADDRESS	<b>2003 PRINGLE CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BROOKER, MIKE</b>	
2.3 STREET ADDRESS	<b>430 S. VERMONT ST.</b>	
2.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SMITH, DONNA</b>	
3.3 STREET ADDRESS	<b>430 S. VERMONT ST.</b>	
3.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 **JOHN W. OLINGER** SIGNATURE REQUIRED *John W. Olinger*

CFR2E037 (4/97)