FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 13 1998 8:00am Secretary of State

1. Corporation	MENT # N9400	0006223 (1)	NEFET	11.051
NANA'	s house, inc.		Never	A DESCRIPTION OF SHEET AND A S
			D. L.	
Principal Place		Mailing Address		
610 FERRIS ST GREEN COVE SPRINGS FL 32043		610 FERRIS ST Green Cove Springs FL 32043		3. Date Incorporated or Qualified
				12/21/1994
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		59-3286023 CL S Not Applicable
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired See Required Fee Required
Suite, Apt. #, etc.		Suite, Apt #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
13		28		7. Is this nonprofit corporation a homeowners association? Yes + No
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the current year Intangible
4	25 9. Name and Address of Curren	[29] Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	O'LINGER, JOHN W
O'LINGER, JOHN W			82 Street A	Address (P.O. Box Number is Not Acceptable)
	NINGLE CIRCLE COVE SPRINGS FL 32043		83 20	OB PRINGLE CIECLE
ORECH	COVE SPRINGS PL 32043			
			84 City G	REEN COVE SPEINGS FL 85 330013
 Pursuant to office or re 	to the provisions of Sections 617.050; egistered agent, or both, in the Stute	² and 617,1508, Florida Statuli gl Florida Such change was r	es, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
()	ni familiar with, and accopt the others	hns of, Section 617.0503, Flo	orida Statutes.	1-24-98
SIGNATURE	Signat in Expect or pointed nation of registered agen		E. Registered Agent signature	required when reinstating) DATE
12. TITLE	OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SAHR, CHERYL	Dett to	12 NAME	TO A CONTRACTOR
STREET ADDRESS	1365 SHEFFIELD RD		1.3 STREET ADDRESS	3930 MURCHEERD GREEN COVE SPRINGS FL 32043
CITY-SI-ZIP	SWITZERLAND FL 32258 D	DELETE	1.4 CHY-SY-ZIP	V/D Change Addition
TITLE NAME	BEACH, DELLA	- pattit	2 1 TITLE 2 2 NAME	NAOLYNN TAYLOR
STREET ADDRESS	174 PALMER ST		2.3 STREET ADDRESS	612 FERRIS STREET
CITY - ST - ZIP	ST AUGUSTINE FL 32095	nonere.	2.4 CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043
TITLE I	D Smith, Donna	DELETE	3 1 TITLE 3.2 NAME	Thu a Denad
STREET ADDRESS	430 S VERMONT ST		33 STREET ADDRESS	174 PALMER STREET
CITY-ST-ZIP	GREEN COVE SPRINGS FL	- Tares	54.511. 01.21	ST AUGUSTINE PL 32095
TITLE NAME	D O'LINGER, JOHN	☐ OFFERE	4.1 TITLE 4.2 NAME	Change Additio
STREET ADDRESS	200B PRINGLE CIRCLE		4.3 STREET ADDRESS	
CITY - ST - ZIP	GREEN COVE SPRINGS FL		4.4 CITY - ST - ZIP	
TITLE NAME	d Brooker, Mike	DELETE	5 1 TITLE 5 2 NAME	GLENN FREEMAN (D) Change Addition 312 CENTER STREET
STREET ADDRESS	430 S VERMONT ST		5 2 NAME 5 3 STREET ADDRESS	GREEN COVE SPRING PL 32043
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5 4 CITY - ST - ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Additio
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	DAVID NATION 210 NORTH STREET
CITY - ST - ZIP			6 4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
indicated	on this annual report or supplementa	Lannual report is true and acc	urate and that my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an
officer or i	director of the corporation of the rece or Block 13 if changed, or on an affac	iver or trustee empowered to a	execute this report as	required by Chapter 617, Florida Statutes; and that my name appears in