## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001189 (8)

Principal Place of Business Mailing Address											
Principal Plac	e of Business	Mailing Addre	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
S317 NEW CHURCH RD. 3317 NEW CHURCH F PANAMA CITY FL 32409 PANAMA CITY FL 324							Date Incorporated or Qualified 03/13/1995	d			7
						4.	FEI Number 59-3308445		1	oplied For ot Applicable	-
2. Principal P	lace of Business	2a. Mailing Ad	dress						\$8.75		7
21		26				5.	Certificate of Status Desired		Fee Re		
Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		\$5.00 i		7
City & Stat	8		City & State								
23	_	<del> </del>	28			"	7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip				8.	8. This corporation owes or has paid the current year Intangible				
24	25	29	30				Personal Property Tax due Jui			<b>Ø</b> No	╛
	9. Name and Address of Co	urrent Registered Agen	1				Name and Address of New I	Registered	Agent		7
				81	Name	•					
CARROLL, ROY G 8938 N. MCCANN RD.					Street	Address (F	O. Box Number is Not Accept	able)			7
	CITY FL 32409			83						<u> </u>	1
				84	City	<del></del>	<del></del>	FL	85 Zip (	Code	1
11. Pursuant	to the provisions of Sections 617	7.0502 and 617.1508, Flo	rida Statutes, th	ie above	-named	corporation	n submits this statement for the			s registered	1
office or r	to the provisions of Sections 617 egistered agent, or both, in the t m familiar with, and accept the o	State of Florida. Such che obligations of, Section 61	ange was autho 7.0503, Florida	rized by Statutes	the corp	poration's t	poard of directors. I hereby acc	ept the app	ointment as	registered	
SIGNATURE											1
	Signature, typed or printed name of register				nt eignature	e required wher		DATE			- 6
12.	DEFICERS	S AND DIRECTORS		13. 1.1 TITLE		<del>,</del>	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	S IN 12	
NAME	CARROLL, ROY G			1.2 NAME		İ				LJ ROSIION	1
STREET ADDRESS	8938 N. MCCANN RD.			1.3 STREET	AUUBEGG						8
CITY-ST-ZIP	PANAMA CITY FL 32409			1.4 CITY-S							12
TITLE	D	×		2.1 TITLE	- 241	<del> </del>			Change	Addition	
NAME	SCURLOCK, A E			2.2 NAME					•	_	1
STREET ADDRESS	2411 MCCORMICK RD.			2.3 STREET	ADORESS	Ì		•			1
CITY-ST-ZIP	SOUTHPORT FL 32409			2. 4 CITY-S		1					1
TITLE	D			3.1 TITLE		<del> </del>	·	<del>(1. 2).</del>	Change	Addition	7
NAME .	HITT, KEN		3	3.2 NAME							
STREET ADDRESS	3810 DEER RUN RD.		3	3.3 STREET	ADDRESS	Ì					1
CITY-ST-ZIP	SOUTHPORT FL 32409			3.4. CITY-S	T-ZIP	ļ					
TITLE	0	<b>X</b>	DELETE	L1 TITLE					☐ Change	Addition	Ţ
NAME	PHILLIPS, B P		14	f. 2 name							Ì
STREET ADDRESS	2505 C MINNESOTA AVE		4	4.3 STREET	address						
CITY-ST-ZIP	LYNN HAVEN FL			1.4 CITY-ST	- ZIP						l
TITLE	-		DELETE E	5.1 TITLE	Į	W W	IARD, JIM 124 Long Rd. outhport, Fl.		Change	Addition	
NAME			5	5.2 NAME		32	24 Long Rd.				1
STREET ADDRESS			5	3.3 STREET .	address ,	5	outhport, Fl.				1
CITY-ST-ZIP	<u> </u>			5.4 CITY-ST	- ZIP	<u> </u>	32409				1
TITLE			<b>I</b> '	3.1 TITLE		P	maran Davi		Change	Addition	
NAME			1	3.2 NAME		97.10	npson, RAY s. Holland Rd. thport, Fl. 5240				
STREET ADDRESS				3.3 STREET ,		Sou	thoopt El	^			}
CITY-ST-ZIP			6	3.4 CITY-S1	- ZIP	1		7			ĺ

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.

SIGNATURE:

march 2.1998

850-265-8356

**FILED** 

Mar 13 1998 8:00am

Secretary of State