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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001408 (2)

M.A.D. DADS OF SUWANNEE COUNTY, INC.

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
A11 N. DR. LIVE OAK F	MLK/OHIO AVE.	al 1 N. DR. MLK/OHIO	AVE.				
CHE OAK F	L 32000	LIVE OAK FL 32060					
				3. Date incorporated		3a. Date of Las	t Report
Principal P	Place of Business			03/23/199	5		
	N. DR MLK/ONIO AVG	2a. Mailing Address	AP A	4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	CE BOX SZ	4 59-3302	319		Not Applicat
<u>L</u> _		27		5. Certificate of Statu	us Desired		5 Additional
City & State		City & State		6. Election Campaign	Financina		Required
610	GORK, FLORIDA	28 LIVE DAK	FLORIOA	Trust Fund Contrib		[]	00 May Be ed to Fees
Zip 3206	Country	Zip	Country	8. This corporation b	as liability for int		
3206	9. Name and Address of Curre	29 3 Z O 6 U	30 SUWANN	E Florida Statutes		Yes 🛣 No	
	5. Home bile Address of Carre	mit negistered Agent		10. Name and Addre	ss of New Reg	gistered Agent	
PHILMO	DRE, ALONZO		B1 Name	SAME			
	IST LINCOLN AVE.		82 Street	Address (P.O. Box Number is I	Not Acceptable)	l	7'
	NK FL 32060		83			·	
C.V.E. O.	W. 7 C 02000						
			84 City			85 Z	ip Code
I. Pursuant t	to the profisions of Sections 617.050 red agen. If both, in the State of Flor	2 and 617,1508. Florida Statutes	the above-named o	ornaration submits this statemen	nt do di	FL °° 2	
or register familiar wit	red agen ir both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authorized	by the corporation's	s board of directors. I hereby ac	ont for the purpo cept the appoin	ise of changing its i Itment as registered	registered offi diagent. I am
	Mana de la constantina della constantina della constantina de la constantina della c	Mon o 17.0003, Pionda Statutes	11	11			
CNATH IDE			//				
GNATURE _	Signature, typed of brinted name of registered ager	t and title if applicable. (NOTE	ILMORE Registered Agent signature	KESIDENT required when reinstation		-11-96	
	OFFICERS AN	- HLONZO PH	Registered Agent signature		•	DATE	OBS IN 12
2.	OFFICERS AN	t and title if applicable. (NOTE	Registered Agent signature	LESIDENT required when reinstalling) ADDITIONS/CHAN DIRECTOR	•	DATE ERS AND DIRECTO	
GNATURE _ 2. LE ME	OFFICERS AN D RILEY, CLIFTON	IL ONZO PH it end title if applicable. (NOTE NO DIRECTORS	Registered Agent signature 13.	ADDITIONS/CHAN	•	DATE	
LE ME REE1 ADDRESS	D RILEY, CLIFTON 723 S. HOUSTON AVE.	IL ONZO PH it end title if applicable. (NOTE NO DIRECTORS	13.	ADDITIONS/CHAN DIRECTOR W.R. SLAUGHTER	GES TO OFFICE	DATE ERS AND DIRECTO	
LE ME REET ADDRESS Y-ST-ZIP	OFFICERS AN D RILEY, CLIFTON 723 S. HOUSTON AVE. LIVE OAK FL 32060	nt and title if applicable. (NOTE ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	additions/chan Director W.R. Şlaught TER 631 Su: Warnes A	GES TO OFFICE	DATE ERS AND DIRECTO	
LE ME REET ADDRESS Y-ST-ZIP LE	OFFICERS AN D RILEY, CLIFTON 723 S. HOUSTON AVE. LIVE OAK FL 32060 D	IL ONZO PH it end title if applicable. (NOTE NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHAN DIRECTOR W.R. SLAUGHTER	GES TO OFFICE	DATE ERS AND DIRECTO	Addition
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PHILMORE PRESIDENT 4-11-96 (904)