FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000001432 (2) DOCUMENT #

Apr 09 1998 8:00am Secretary of State

FILED

	301 HODA
Principal Place of Business Mailing Address	
12/1 NEW JERSEY RD. PO BOX 1479 LAKELAND FL 33801 LAKELAND FL 33840 03/27/1995	
4. FEI Number Applie	d For
	plicable
22. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired Fee Requi	
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May	
22 Trust Fund Contribution Added to Fe	98
City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes No	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intang	ible
24 25 29 30 Personal Property Tax due June 30. Yes 🔀 N	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
AGUSTIN, JIMENEZ R 1906 E CALHOUN ST. 82 Street Address (P.O. Box Number is Not Acceptable)	
PLANT CITY FL 33566	
84 City FL 85 Zip Cod	9
	gistered
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 reoffice 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 regarder. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	stered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
10	Addition
NAME SANTIAGO, MIRIAM STREET ADDRESS 838 MORNING VIEW 12 NAME ISIG O Mangual 13 STREET ADDRESS 2706 N. Wilder Rd.	
STREET ADDRESS 838 MORNING VIEW 1.3 STREET ADDRESS 2706 N. Wilder Rd.	ļį
CITY-ST-ZIP LAKELAND FL 33813 14CITY-ST-ZIP Plan+ City, FL 33565	Addition
	(Addition
The state of the s	Ì
	Addition
NAME JIMENEZ, AGUSTIN 32 NAME Ramos Trinidad	ł
STREET ADDRESS 1908 E. CALHOUN ST. 33 STREET ADDRESS 1927 Kim ball Court	
CITY-ST-ZIP PLANT CITY FL 33588 34. CITY-ST-ZIP LA Keland, FL 33813	
TITLE DELETE 41 TITLE T	Addition
MANE Jimenez Agustín	
NAME 4.2 NAME TIMENEZ, AGUSTÍN 4.3 STREET ADORESS 1906 E. Cal Houn St.	
CITY-ST-ZIP Plant CITY FL 33566	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	T Addition
	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.4. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	rmation

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 changes of an an attachment with an address.

3-10-98

(941) 648_9278