


APPROVED
AND
FILED

97 SEP -5 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<p>NONPROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
--	---	---

Principal Place of Business	Mailing Address
5023 C.R. 125 WILDWOOD, FL 34785	5023 C.R. 125 WILDWOOD, FL 34785

2. Principal Place of Business		2a. Mailing Address	
21	5023 C.R. 125	2b	5023 C.R. 125
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	WILDWOOD, FL	28	WILDWOOD, FL
Zip	Country	Zip	Country
24	34785	25	SUMTER
29	34785	30	SUMTER

9. Name and Address of Current Registered Agent	
PULLUM, MARYBETH L 1330 W CITIZENS BLVD SUITE 701 LEESBURG FL	81 Name
	82 Street Address
	83
	84 City

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 617.0503, Florida Statutes.

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 12:
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BROWN, RONALD D 7928 S HWY 441 LEESBURG FL 34748 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PVST Brown, Ronald D. 5023 C.R. 125 WILDWOOD FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, RONALD D 7928 S HWY 441 LEESBURG FL 34748 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Brown, Ronald D. 5023 C.R. 125 WILDWOOD, FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, DAWN 7928 S HWY 441 LEESBURG FL 34748 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOX, GREGORY E 7928 S HWY 441 LEESBURG FL 34748 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	A. Alaw 9/5/97 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED *[Signature]* 2-22-22 348 4442 (332)