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

N95000003122 (7) OCUMENT #

| ARLINGTON HOUSE ACLF. INC | | | | | | | | |
|--|--|----|--|--|--|--|--|--|
| ipal Place of Business Malling Address | | | | | | | | |
| SOUTH MOODY ROAD TKA FL 32177 | P O BOX 2611 PALATKA FL 32178 US | | 3. Date Incorporated or Qualified 06/29/1995 | | | | | |
| | | | 4. FEI Number Applied For S9-3326525 Not Applied be | | | | | |
| incipal Place of Business | 24. Mailing Address | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| ne, Apt. #, etc. | Suite, Apl. #, etc. | | 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees | | | | | |
| dy & State | City & State | | 7. Is this nonprofit corporation a homeowners association? | | | | | |
| p Country | Country Zip Co 29 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No | | | | | |
| 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | | 81 | Name | | | | | |
| Hebert, Barbara A 203 MAOODY RD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PALATKA FL 32178 | | 83 | 3 | | | | | |
| · | | | City FL 85 Zip Code | | | | | |

impurity to the provisions to sections of recover and officed statutes, the apprehension such statement for the purpose of changing its registered agent, or both, in the State of Porida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered igent, it am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.

| IATURE | Stonesure, byped or printed name of registered agent and title if applicable | - 807C-0 | anislamed & Andr ainneb to | required when reinstating) | | DATE | | |
|------------------|--|-----------|----------------------------|----------------------------|--------------|------------|------------|---------------------------|
| | OFFICERS AND DIRECTORS | | | | S/CHANGES TO | | O DIRECTOR | S IN 12 |
| | | DELETE | 13. | 1 275 | | | | Addition |
| | , | | 12 NAME | العراق المتها | Bohana | . ~ | | |
| | ALLEN, BETTY L | | , <u>.</u> | 613 St. | Sohns A | era- | | |
| 4DORESS | 203 SOUTH MOODY ROAD | į | (J STREET ADDRESS | t . | | | • | |
| 31 - ZIP | PALATKA FL | | 1.4 CITY-\$1-ZIP | Palatko. | <u> </u> | 3217 | | \$4500 |
| | X8 # TO | DELETE | 2.1 TITLE | (D) | | | Change | Addition |
| | POWERS, PENNY J | | SSIMME | Tonya 5 203 50 | ims | 20 | | Į. |
| 1 ADDRESS | 203 SOUTH MOODY ROAD | | 2.3 STREET ADDRESS | 203 50 | monds | , | | |
| ST-24 | PALATKA FL | | 2.4 CITY - ST-ZIP | Palatka | ٢ | 3217 | 1 | |
| | D | DELETE | 3.1 TITLE | <u> </u> | | | Change | Addition |
| | EUP, PEARL | • | 32 NUME | 1 | | | | |
| ADDRESS | 203 SOUTH MOODY ROAD | | 3.3 STREET ADDRESS | <u> </u> | | | | } |
| 51 - 20 P | PALATKA FL 32177 | | 3.4. OTY - ST - ZIP | - | | | | |
| | 80 M P/D | DELETE | 4.1 TITLE | | | | Change | Addition |
| | HEBERT, BARBARA | - | 4. 2 KULE | } | | | | |
| T ADDRESS | 203 S MOODY RD | | 4.3 STREET ADDRESS | | | | | ſ |
| | PALATKA FL | · | 4.4 CITY-ST-ZIP | | | | | |
| ST 24P | PADATRATE | - DELETE | 5.1 TITLE | | | | Change | Addition |
| | } | C) become | 52 NAME | } | | | - Orongo | |
| | | | | | | | | $\mathcal{L} \mathcal{U}$ |
| ADDRESS | { | | 5.3 STREET ADORESS | | | | | 1/7 |
| 31 - \$1P | | | 5.4 CITY-ST-ZIP | | | | | 1 Codition |
| | | DELETE | 6.1 TIFLE | 41 | 00002 | 2479; | | A coomon |
| | | | 62 NAME |] | 04/06/98- | 01018 | -006 V | ∀ 0 |
| 1 ADORESS | | | 6 3 STREET ADORESS | | **61.25 | | | 1 |
| SI - 2# | | | 6.4 CITY-ST-ZIP | L | | | | |

hereby certify that the information supplied with this fitting 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.

FILED

Apr 06 1998 8:00am

Secretary of State