FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000003693 (7)

1. Corporation Name

POSSIBILITIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
136 MALAGA STREET ST. AUGUSTINE FL 32084	136 MALAGA STREET ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: 08/03/1995

3a. Date of Last Report:

2. Principal Place of Business
21 St Johns County
Suite, Apt. #, etc. 22
City & State 23 St. Augustine, FL
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3529014 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PACETTI, W. SCOTT
324 VILLAGE DRIVE
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 W. Scott Pacetti 3/4/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	SAM L. McNERNEY		1.2 NAME	John McHenry D.M.	
STREET ADDRESS	4557 Fourth Ave		1.3 STREET ADDRESS	207 coquina Ave.	
CITY-ST-ZIP	St. Augustine FL 32095		1.4 CITY-ST-ZIP	St. Augustine Fl. 32084	
TITLE	~~Secretary/Treasurer~~	☒ DELETE	2.1 TITLE	Director	☐ Change ☐ Addition
NAME			2.2 NAME	JACK CAPPER	
STREET ADDRESS			2.3 STREET ADDRESS	29 FAWN LANE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	St. Augustine, Fl. 32084	
TITLE	Vice President	☐ DELETE	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	SALLY COWAN		3.2 NAME	MARY TURNER	
STREET ADDRESS	3873 HICKORY LANE		3.3 STREET ADDRESS	2295 St Aug Forest Dr.	
CITY-ST-ZIP	St. Augustine FL 32084		3.4 CITY-ST-ZIP	St. Augustine, Fl. 32084	
TITLE	Secretary/Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Janice Black		4.2 NAME		
STREET ADDRESS	372 Circle Dr West		4.3 STREET ADDRESS		
CITY-ST-ZIP	St Augustine, FL 32095		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	600001763816	
NAME			5.2 NAME	-04/01/96--01014--022	☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	M.M.	
STREET ADDRESS			6.3 STREET ADDRESS	3-29-96	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sally Cowan 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #