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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32084-3521**



3. Date Incorporated or Qualified **08/03/1995** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business	2a. Mailing Address
21 4557 FOURTH AVE	26 3501-B Ponce de Leon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 STE. 345
City & State	City & State
23 ST. AUGUSTINE FL	28 ST. AUGUSTINE FL
Zip	Zip
24 32095	29 32095
Country	Country
25 USA	30 USA

4. FEI Number **59-3329014** 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

10. Name and Address of New Registered Agent

**PACETTI, W. SCOTT
321 VILLAGE DRIVE
ST. AUGUSTINE FL 32095**

81 Name	JAN L. MCNERNEY
82 Street Address (P.O. Box Number is Not Acceptable)	4557 FOURTH AVE.
83	
84 City	ST. AUGUSTINE FL
85 Zip Code	32095

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 **JAN L. MCNERNEY, PRES.** *Jan L. McNerney* DATE **3/11/97**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNERNEY, JAN L	1.2 NAME	
STREET ADDRESS	4557 FOURTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENDRY, JOHN DM	2.2 NAME	LYNN HARRIS
STREET ADDRESS	207 COQUINA AVE.	2.3 STREET ADDRESS	KINGS ESTATE RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPER, JACK	3.2 NAME	JEANETTE PAULOS
STREET ADDRESS	29 FAWN LANE	3.3 STREET ADDRESS	22 SPENCER ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MARY	4.2 NAME	SUSAN MYERS
STREET ADDRESS	2295 STAUFFER DR.	4.3 STREET ADDRESS	322 PONCE DE LEON AVE.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, SALLY	5.2 NAME	
STREET ADDRESS	3873 HICKORY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32088	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, JANICE	6.2 NAME	
STREET ADDRESS	322 CIRCLE DR. WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)

3/11/97