

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000003819 (8)

1. Corporation Name

POSITIVE IMAGES ALTERNATIVE ENRICHMENT GROUP INC



Principal Place of Business

Mailing Address

209 LITTLE HAMPTON CLOSE  
LONGWOOD FL 32778

P.O. BOX 2186  
PALATKA FL 32178-2186

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified  
08/10/1995

3a. Date of Last Report  
10/16/1996

4. FEI Number  
59-3330079

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

HUTCHERSON, LAWRENCE  
421 NORTH 20TH PLACE, CT 189  
PALATKA FL 32177

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

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 PCEO  
NAME GADDIS, DWAYNE K REV.  
STREET ADDRESS 307 MARKET STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME SMITH, SYLVESTER  
STREET ADDRESS 209 LITTLE HAMPTON CLOSE  
CITY-ST-ZIP LONGWOOD FL 32778

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD  
NAME BROCKINGTON, H. FRAZIER II  
STREET ADDRESS 1590 ROCHELLE LANE  
CITY-ST-ZIP OVIEDO FL 32765

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME COLBERT, ALVIN E  
STREET ADDRESS 3817 TRAM COURT  
CITY-ST-ZIP ORLANDO FL 32810

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HUTCHERSON, LAWRENCE  
STREET ADDRESS P.O. BOX 2186  
CITY-ST-ZIP PALATKA FL 32178-2186

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD  
NAME WILLIAMS, JOHNATHAN  
STREET ADDRESS P.O. BOX 463  
CITY-ST-ZIP PALATKA FL 32178

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)