NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF COPPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90004 005 ***140 00

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DOCUI		00003819							
POSITIVE IMAGES ALTERNATIVE ENRICHMENT GROUP INC						* - 61/9	040		
•									
Principal Place	of Ruciness	Mailing Address			<u></u>	+			
						I (BANKES BIE KRIEL BING BANK			1818 1811 1881
209 LITTLE HAMPTON CLOSE P.O. BOX 2186 LONGWOOD FL 32778 PALATKA FL 32178									
2. Principal P	lace of Business	2a. Mailing Address		1		3. Date Incorporated or Qualife 08/10/1995	ed		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,		4. FEI Number		Apr	olied For
22		27				59-3330079		Not	Applicable
City & State	9	City & State				5. Certifcate of Status Desired	₩	\$8.75 A Fee Red	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financin	g 🗆	\$5.00	,
24	25	29	30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Cui	10. Name and Address of Nev	v Registered		 1				
					Name ·	awares H	utch	ERSO	N
HUTCHERSON, LAWRENCE				82	Street Addre	ss (P.O. Box Number is Not Acce	ptable)	ستتدا را	
421 NORTH 20TH PLACE, CT 189				83	1011	St. Zothon	pren	4 5	
PALATKA FL 32177									
				84	City Pac	atra-	FL	85 Zip C	177
11. Pursuant	to the provisions of Sections 617.	.0502 and 617.1508, Florida Stat	utes, the a	bove	-named corpo	ration submits this statement for the board of directors. I hereby according to the control of t	ne purpose of	changing its i	registered istered
agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	oligations of, Section 617.0503, F	เดมิดล 2เลเ	ites.	ne corporation	-1 -1			
SIGNATURE	LAWRENCE	HUICHBESO		Χç	<u></u>	- Wokern	- <u>2</u> 7	4 12 m	<u>, דדרו</u>
	Signature, typed or printed name of registered			Agent	signature required	when reinstating) ADDITIONS/CHANGES TO (DATE	ID DIRECTO	2\$ IN 12
12.	PCEO	AND DIRECTORS	13.	n =	D	ADDITIONS/CHANGES TO	DEFICE NO AL	Change	Addition
TITLE	GADDIS, DWAYNE K REV.	C) DEEC'1	1.2 NA		14	utrular con . I an	MENE		
NAME	307 MARKET STREET		1		ADORESS /C	165t, JOHNS A	ENUE	•	
STREET ADDRESS	ALTAMONTE SPRINGS FL	32701 -		TY-ST-		HATICA, FLA	3217		
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TI		SC			Change Change	Addition
NAME	SMITH, SYLVESTER	_	2.2 NA		L L	IELLEAMS, Jon	1477144	I^{\sim}	
STREET ADDRESS	209 LITTLE HAMPTON CLO	OSE			ADDRESS 1	16-STI JOHNS	aven 4		
CITY-ST-ZIP	LONGWOOD FL 32778	·		TY-ST		PALATKA	,FLA	3217	7
TITLE	VPD	☐ DELETE	3.1 TI			, - , , , , , , , , , , , , , , , , , ,		Change	☐ Addition

ORLANDO FL 32810 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE **HUTCHERSON, LAWRENCE** 5.2 NAME NAME 5.3 STREET ADDRESS PO BOX 2186 N/A STREET ADDRESS 5.4 CITY-ST-ZIP PALATKA FL CITY-ST-ZIP 6.1 TITLE ___ Change ☐ Addition DELETE TITLE 6.2 NAME NAME WILLIAMS, JOHNATHAN 6.3 STREET ADDRESS PO BOX 463 N/A STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

☐ DELETE

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1590 ROCHELLE LANE

OVIEDO FL 32765

COLBERT, ALVIN E

3817 TRAM COURT

PALATKA FL

TD

Change

☐ Addition