## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** \*CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997 DOCUMENT # N9500004305 (7)

**FILED** Jun 18 1997 8:00am Secretary of State

	REEK CONFEDERATION OF se of Business se PKWY	Mailing Address  2312 APALACHEE PKWY STE B			
TALLAHASSEE FL 32301 4934 US US			<b>;</b>	3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 28. Mailing Address 26 LOGYY COX ROAD 26 LOGYY COX RO			Road	4. FE! Number 59-3346461	Applied For Not Applicable
Suite, Api.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	scom, the	City & State  28 00500000	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 24 32 Y	25 Country US 9. Name and Address of Currer		Country (COUNTRY	This corporation has liability for Florida Statutes     Name and Address of New F	or intangible tax under s. 199.032,
			81 Name		
PRAYTOR, DAWN 10520 WILLOW LAKE DR PENSACOLA FL 32508			82 Street 83 84 City	Address (P.O. Box Number is Not Accept	able)
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 (I applicable. (NOTE: Registered Agent signature required when reinstating.)  DATE					
12.	OFFICERS AN		13.		ICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	PD NICHOLS, THOMAS E 4344 US HOIHWAY 90 SUITE PACE FL 32571	A DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PROSIDENT EARL HOOD 6944 COX RD. BASCOM, F4. 3242	Change Addition
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TITLE	SECRETARY	Change
STREET ADDRESS	PRAYTOR, DAWN 10520 WILLOW LAKE DR PENSACOLA FL 32506		2.2 NAME 2.3 STREET ADDRESS	DAWN PRAYTOR 10520 WILLOW LAKE I PENSACOLA, FL, 325	or.
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	I BASACOLA, I C, DAS	Change Addition
NAME STREET ADDRESS	BLUE, SAM RT 1 BOX 652		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PERRY FL 32347	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	DIKETTOK	Change Addition
NAME	HOOD, EARL		4. 2 NAME	THE HAS I NICHOLS	
STREET ADDRESS	6944 COX ROAD		4.3 STREET ADDRESS	4344 US. HWY. 40 JUILE	· <b>A</b>
CITY-ST-ZIP	BASCOM FL 32423		4.4 CITY - ST - ZIP	PACE, FL. 32571	<i></i>
TITLE NAME STREET ADDRESS	D WOODS, LONZO PO BOX 687 N/A	THE OFFICE IS	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ED HAND	Change Maddition
CITY-ST-ZIP	LYNN HAVEN FL 32444		5.4 CITY-ST-ZIP	SAN ANTONO FE 33	576 (5)
TITLE	D	☐ DELETE	6.1 TITLE	EXCENTIVE DIRECTOR	Change Addition
NAME Street address	MCGHEE, JOE SR 201 ADA WILSON AVE		6.2 NAME 6.3 STREET ADDRESS	ANDY O KING	telete (error)
CITY-ST-ZIP	PENSACOLA FL	d with this filled does not qualify.	6.4 CITY-ST-ZIP	MONTOVILLO 1-1, 129	top I further certify that the

r do neveuy certify that the information supplied with this 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 poor 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 true fee 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.