## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004894 (0)

WINTER HAVEN FL 33881

14850 ANGUS ROAD POLK CITY FL 33868  14850 ANGUS ROAD POLK CITY FL 33868  3. Date Incorporated or Qualified 10/12/1995 4. FEI Number Sp-3342071 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State 28  City & State 29  Country  29 Country  20 Country  3. Date Incorporated or Qualified 10/12/1995 4. FEI Number Sp-3342071 Not Applied For Not Applied For Not Applied For South, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? 28 Zip Country  29 Country  8. This corporation owes or has paid the current year Intangible	CENTRAL FLORIDA DIAMONDBACKS, INCORPORATED					
POUX CITY FL 33868  POUX CITY FL 33868    10/12/1995	Principal Place of Business Mailing Address			1 (45) (45) (45)		
Space   Spac				10/12/1995		
2. Mailing Address   2. Mailing Address   2. Mailing Address   3. Certificate of Status Desired   \$8.75 Additional   \$8.00 May Be Address   \$5.00 May Be Address   \$5.00 May Be Address   \$5.00 May Be Address   \$7. Is this comporation on homeowarge association?   \$5.00 May Be Address   \$7. Is this comporation on homeowarge association?   \$6. Name and Address of Current Registered Agent   \$7. Is this comporation ones or has paid the out-many law Intangible Personal Property Tax due June 30.   198 Min Name   14850 ANGUS ROAD   \$8. Name and Address of Current Registered Agent   \$8. Name and Address of New Registered Agent   \$8. Nam					1.55%	
Suite, Apt. #, etc.    Suite, Apt. #, etc.			— ·		5. Certificate of Status Desired \$8.75 Additional	
City & State	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
Zip	22					
Zip Country Zip Country Zip Country B. This corporation owes or has pald the out***nit year Intengible Personal Property Tax due June 30yes			<b>├</b> ──		7. Is this nonprofit corporation a homeowners association?	
RICE, DONALD 14850 ANGUS ROAD POLK CITY FL 33868  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, 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 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 office or registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ORECTORS IN INC.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ORECTORS IN INC.  Change Addition  Addition  NAME  RICE, PATTY  STREET ADDRESS  CITY-ST-2P  POLK CITY FL 33868  2.4 OITY-ST-2P  POLK CITY FL 33868  2.4 OITY-ST-2P  POLK CITY FL 33868  2.4 OITY-ST-2P  POLK CITY FL 33868  3.3 STREET ADDRESS  CITY-ST-2P  POLK CITY FL 33868  2.4 OITY-ST-2P  POLK CITY FL 33868  3.3 STREET ADDRESS  2.4 OITY-ST-2P  POLK CITY FL 33868  3.4 CITY-ST-2P  POLK CITY FL 33868  4.4 CITY  TITLE  PD  ORECTORS  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ANGE  SHIRAH, LIZ  3.2 NAME  Change Addition  Addition  ANGE  SHIRAH, LIZ  3.2 NAME  Change Addition  Addition  ANGE  SHIRAH, LIZO DR.  Addition  ANGE  SHIRAH, LIZO DR.  Addition  ANGE  SHIRAH, LIZO DR.		Country	·	Country		
RICE, DONALD 14850 ANGUS ROAD POLK CITY FL 33888  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	24			30		
RICE, DONALD 14850 ANGUS ROAD POLK CITY FL 33868  82   Street Address (P.O. Box Number is Not Acceptable)  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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or perited name of registered agent and title if applicable.   (NOTE: Registered Agent agenture required when reanisting)   DATE   DATE   DELETE   11 TITLE   DATE		9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
14850 ANGUS ROAD POLK CITY FL 33868  84 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions 617 0502 and 617 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statules, when the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statules, agent land familiar with, and accept the obligations of, Section 617,0503, Florida Statules.  SIGNATURE    Signature, typed or pointed rame of registered agent and like if applicable   (NOTE Registered Agent algorature required when releasating)   DATE		81 Name				
POLK CITY FL 33868  84 City FL 05 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 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 and flee Fapplicable (NOTE Registered Agent agent) and accept the appointment as registered agent and flee Fapplicable (NOTE Registered Agent agent) are required when reintalizing DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statules.  SIGNATURE    Signature, typed or prefet name of registered agent and like if applicable.   (NOTE Registered Agent algorature required when relentating)   DATE			83			
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 pointed name of registered agent and list of applicable   (NOTE Registered Agent agnature required when reinstating)   DATE	PULKU	111 FL 33868				
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 charging its 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 agent and title if applicable.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE Registered Agent algorithment required when reinstating)   DATE				84 City	FL 85 Zip Code	
Signature	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corp					
Signature	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.					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD   DELETE   1.1 TITLE   Change   Addition  NAME RICE, DON   1.2 NAME    STREET ADDRESS   14850 ANGUS ROAD   1.3 STREET ADDRESS    CITY-ST-ZIP POLK CITY FL 33868   1.4 CITY-S1-ZIP    TITLE STD   DELETE   2.1 TITLE   Change   Addition  NAME RICE, PATTY   2.2 NAME    STREET ADDRESS   14850 ANGUS ROAD   2.3 STREET ADDRESS    CITY-ST-ZIP POLK CITY FL 33868   2.4 CITY-ST-ZIP    TITLE SD   DELETE   S.1 TITLE   Change   Addition  NAME SHIRAH, LIZ   3.2 NAME    STREET ADDRESS   105 HALES ROAD   3.3 STREET ADDRESS    CITY-ST-ZIP   AUBURNDALE FL 33823   3.4 CITY-ST-ZIP    TITLE PD   DELETE   Addition    NAME SHIRAH, LLOYD R.   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    STREET ADDRESS   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    STREET ADDRESS   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    STREET ADDRESS   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    STREET ADDRESS   4.2 NAME    STREET ADDRESS   4.2 NAME    SHIRAH, LLOYD R.   4.2 NAME    STREET ADDRESS   4.2 NAME	1					
TITLE			<del></del>			
NAME   RICE, DON   1.2 NAME   1.3 STREET ADDRESS   14850 ANGUS ROAD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   POLK CITY FL 33868   1.4 CITY-S1-ZIP   Change   Addition   Additi		<del></del>				
14850 ANGUS ROAD   1.3 STREET ADDRESS   1.4 CITY-S1-ZIP	<b>!</b>		L-1			
CITY-ST-ZIP	, I					
TITLE         \$TD         DELETE         2.1 TITLE         Change         Addition           NAME         RICE, PATTY         22 NAME         22 NAME         STREET ADDRESS         CITY-ST-ZIP         POLK CITY FL 33868         2.4 CITY-ST-ZIP         Change         Addition           NAME         SHIRAH, LIZ         32 NAME         32 NAME         Change         Addition           STREET ADDRESS         105 HALES ROAD         3.3 STREET ADDRESS         CITY-ST-ZIP         AUBURNDALE FL 33823         3.4 CITY-ST-ZIP           TITLE         PD         DELETE         4.1 TITLE         Change         Addition           NAME         SHIRAH, LLOYD R.         4.2 NAME         Addition						
NAME   RICE, PATTY   22 NAME   14850 ANGUS ROAD   2.3 STREET ADDRESS   CITY-ST-ZIP   POLK CITY FL 33868   2.4 CITY-ST-ZIP   TITLE   Change   Addition			DELETE		Change Addition	
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NAME	CITY-ST-ZIP	POLK CITY FL 33868		2. 4 CITY-ST-ZIP		
STREET ADDRESS         105 HALES ROAD         3.3 STREET ADDRESS           CITY-ST-ZIP         AUBURNDALE FL 33823         3.4 CITY-ST-ZIP           TITLE         PD         DELETE         4.1 TITLE         Change         Addition           NAME         SHIRAH, LLOYD R.         4.2 NAME         4.2 NAME	TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition	
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TITLE PD DELETE 4.1 TITLE Change Addition NAME SHIRAH, LLOYD R. 4.2 NAME	STREET ADDRESS	• • • • • • • • •		3.3 STREET ADDRESS		
NAME SHIRAH, LLOYD R. 4.2 NAME						
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STREET ADDRESS   105 MALES HUALD 4.3 STREET ADDRESS	1 1					
	1			i i		
City-st-zip         AUBURNDALE FL 33823         44 city-st-zip           TITLE         CD         DELETE         5.1 title         Change         Addition			T DELETE		Change C Addition	
	1 "		CT DETECTE			
NAME GRAHAM, RICHARD 52 NAME 52 NAME 52 NAME 52 NAME 53 NAME 54 NAMEST SOOR IN LOOP BOAD	; I		MAD.			
STREET ADDRESS 246 WEST SOCRUM LOOP ROAD 5.3 STREET ADDRESS	1 1		UAD .			
CITY-ST-ZIP         LAKELAND FL 33809         5.4 CITY-ST-ZIP           TITLE         CD         DELETE         6.1 TITLE         Change         Addition			DKI NEI ETE		Channe Aridition	
NAME RUTLEDGE, LARRY 6.2 NAME	1 1		A		_ Change _ Addatus	
STREET ADDRESS 1505 35TH STREET NW 6.3 STREET ADDRESS	1					

14. 1 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 for on an attachment with an address.

6.4 CITY-ST-ZIP

**FILED** 

May 14 1998 8:00am

Secretary of State