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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004944 (3)

1. Corporation Name

BANNER LAKE-GOMEZ COMMUNITY DEVELOPMENT CORPORAT
ION

Principal Place of Business

8575 S.E. MARS STREET
HOBE SOUND FL 33475

Mailing Address

P.O. BOX 432
HOBE SOUND FL 33475



3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1229

22 City & State

27 City & State
HOBE Sound, FL

23 Zip

Country

28 Zip

Country

24

25

29 33475

30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELY, MARY
8575 S.E. MARS STREET
HOBE SOUND FL 33475

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

Mary Lovely - TREASURER, MARY LOVELY

3/12/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOVELY, MARY
STREET ADDRESS 8575 S.E. MARS STREET
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE D
NAME MILLER, ALFRED
STREET ADDRESS 8575 S.E. MARS STREET
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE D
NAME MILLER, GAYLE
STREET ADDRESS 8575 S.E. MARS STREET
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE D
NAME DICKERSON, DAISY
STREET ADDRESS 9092 SANDRIDGE AVENUE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIT
1.2 NAME LOVELY, MARY
1.3 STREET ADDRESS 8575 S.E. MARS
1.4 CITY-ST-ZIP HOBE SOUND, FL 33455

2.1 TITLE D
2.2 NAME Miller, Alfred
2.3 STREET ADDRESS 8429 CITRUS WAY
2.4 CITY-ST-ZIP HOBE SOUND, FL 33455

3.1 TITLE D/P
3.2 NAME MILLER, GAYLE
3.3 STREET ADDRESS 8429 CITRUS WAY
3.4 CITY-ST-ZIP HOBE SOUND, FL 33455

4.1 TITLE D/S
4.2 NAME DICKERSON
4.3 STREET ADDRESS 9092 SANDRIDGE AVENUE
4.4 CITY-ST-ZIP HOBE SOUND FL 33455

5.1 TITLE D/S
5.2 NAME DICKERSON, DAISY
5.3 STREET ADDRESS 9092 SANDRIDGE AVENUE
5.4 CITY-ST-ZIP HOBE SOUND FL 33455

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

MARY LOVELY Mary Lovely

3/12/96 (407) 546-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)