


FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005873 (3)**

1. Corporation Name

**PALMETTO PLACE ADVOCATES, INC.**



Principal Place of Business <b>336 S. PALMETTO AVE. DAYTONA BEACH FL 32114</b>		Mailing Address <b>336 S. PALMETTO AVE. DAYTONA BEACH FL 32114</b>		3. Date Incorporated or Qualified <b>12/13/1995</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> <del>336 S. PALMETTO AVE.</del> Suite, Apt. #, etc.		4. FEI Number <b>59-3349677</b>	
22 City & State <b>23</b>		27 City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>25</b> Country		29 Zip <b>30</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114</b>				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114</b>		10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D + PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERSHBERGER, MERRILL	1.2 NAME	DAVID TROXLER
STREET ADDRESS	122 W. PIEDMONT AVE.	1.3 STREET ADDRESS	1166 PEACHTREE RD.
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D + V. PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JANET	2.2 NAME	MICHAEL W. YOUNG
STREET ADDRESS	128 W OCEAN DUNES	2.3 STREET ADDRESS	1853 EYERGREEN DR.
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TRES. + D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARILYN	3.2 NAME	ROBERT L. JOHNSON
STREET ADDRESS	1204 SUNLAND RD.	3.3 STREET ADDRESS	220 S. RIDGEWOOD AVE. #200
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SHARON BRIDGES
STREET ADDRESS		4.3 STREET ADDRESS	169 DEER LAKE CIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH FL 32175
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

*Robert L. Johnson*

1-14-98

904-255-1981

CFR2037 (10/97)