

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000005903 (8)**
1. Corporation Name

LABELLE WOODS CIVIC ASSOCIATION, INC.



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| Principal Place of Business 620 SOUTH MAIN STREET LABELLE FL 33935 | Mailing Address 620 SOUTH MAIN STREET LABELLE FL 33935-4600 | 3. Date Incorporated or Qualified 12/13/1995 | 3a. Date of Last Report 03/21/1996 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number APPLIED FOR 59-2347966 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent KOLLAR, GERALDINE P.O. BOX 211 7555 SHILLING RD. W. SALEM FL 44287 | | 10. Name and Address of New Registered Agent 81 Name KOLLAR, GERALDINE 82 Street Address (P.O. Box Number is Not Acceptable) 620 S. MAIN ST. PO BOX 1961 83 84 City Labelle FL 85 Zip Code 33975 | |
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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 | VD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, KEVIN | 1.2 NAME | |
| STREET ADDRESS | 620 SOUTH MAIN STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LABELLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOLLAR, GERALDINE | 2.2 NAME | |
| STREET ADDRESS | 7555 SHILLING RD/ P O BOX 211 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. SALEM OH | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHREIBER, JIM | 3.2 NAME | |
| STREET ADDRESS | 11159 RED ARROW HWY BOX E-4 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRIDGMAN MI | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LACOMB, HELEN | 4.2 NAME | |
| STREET ADDRESS | 8981 GEORGE AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BERRIEN SPRINGS MI | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAUER, CAROL | 5.2 NAME | |
| STREET ADDRESS | 8132 E HI-ACRES DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON IN | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAVAGE, RAY | 6.2 NAME | |
| STREET ADDRESS | P O BOX 538-2795 E. 28TH RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SENECA IL 61360 | 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E037 (9/96)