


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000006064 (8)**

1. Corporation Name

NON-SHAREHOLDERS OF LA CASA, INC.



Principal Place of Business

Mailing Address

**726 EL RIO-LA CASA
NORTH PORT FL 34287**

**726 EL RIO-LA CASA
NORTH PORT FL 34287-2557**

3. Date Incorporated or Qualified **12/22/1995** 3a. Date of Last Report **07/17/1996**

2. Principal Place of Business	2a. Mailing Address
21 650 ALVARADO	26 650 ALVARADO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 NORTH PORT, FL	28 NORTH PORT, FL
Zip	Zip
24 34287	29 34287
Country	Country
25 SARASOTA	30 SARASOTA

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRADER, C R
726 EL RIO-LA CASA
NORTH PORT FL 34287**

81 Name **RICHARD JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable)
650 ALVARADO
83
84 City **NORTH PORT** FL 85 Zip Code **34287**

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 **R.H. Johnson** (NOTE: Registered Agent signature required when reinstating) DATE **5/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADLER, C. ROBERT	1.2 NAME	
STREET ADDRESS	726 EL RIO ST-LA CASA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT	2.2 NAME	
STREET ADDRESS	345 LA ROSAS-LA CASA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	2.4 CITY-ST-ZIP	
TITLE	80 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTLE, EDWIN H	3.2 NAME	
STREET ADDRESS	419 TARDE LOGO-LA CASA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, THOMAS	4.2 NAME	
STREET ADDRESS	427 MADONNA-LA CASA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	4.4 CITY-ST-ZIP	
TITLE	3 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R FLEHING	5.2 NAME	PRESIDENT
STREET ADDRESS	630 LOS ALTOS	5.3 STREET ADDRESS	650 ALVARADO
CITY-ST-ZIP	NORTH PORT, FLA 34287	5.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VICE PRESIDENT
STREET ADDRESS		6.3 STREET ADDRESS	MONA OLSON
CITY-ST-ZIP		6.4 CITY-ST-ZIP	434 LOMA LINDA
			NORTH PORT, FL 34287

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.

SIGNATURE **RICHARD JOHNSON** DATE **5/6/97**

CR2E037 (9/96)