

FILE NOW: FILING FEE IS \$61.25

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Mar 19 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 # N96000001638 (3)

1. Corporation Name

CHRISTY'S HOME OF FLORIDA, INC.

Principal Place of Business	Mailing Address
15215 LIVINGSTON AVENUE #58 LUTZ FL 33549-3737	15215 LIVINGSTON AVENUE #58 LUTZ FL 33549-3737

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number 59-3456274  
APPLIED FOR

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10805 S. CLEARVIEW AVE	26 10805 S. CLEARVIEW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TAMPA FL	28 TAMPA, FL
Zip	Zip
24 33629	29 33629
Country	Country
25 USA	30 USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, BENNIE D  
15215 LIVINGSTON AVE  
#58  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name	TAYLOR, BENNIE D
82 Street Address (P.O. Box Number is Not Acceptable)	3709 SAN MIGUEL ST. WEST
83	
84 City	TAMPA, FL
85 Zip Code	33629

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 *Bennie D. Taylor Vice President* 2-24-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEENE, MICHELLE	
STREET ADDRESS	4907 SHIRLEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	TAYLOR, BENNIE	
STREET ADDRESS	15215 LIVINGSTON AVE #58	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, DANIEL A	
STREET ADDRESS	2905 KNIGHTS STATION ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERWIN, SCOTT D	
STREET ADDRESS	15215 LIVINGSTON AVENUE	
CITY-ST-ZIP	LUTZ FL 33549-3737	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VIALIAZ, WILBA	
STREET ADDRESS	15215 LIVINGSTON AVENUE	
CITY-ST-ZIP	LUTZ FL 33549-3737	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRIS, DANIEL	
STREET ADDRESS	15215 LIVINGSTON AVENUE	
CITY-ST-ZIP	LUTZ FL 33549-3737	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TAYLOR, BENNIE
2.3 STREET ADDRESS	3709 SAN MIGUEL ST WEST
2.4 CITY-ST-ZIP	TAMPA, FL 33629
3.1 TITLE	VIAELLA, NELSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13843 AZALEA CIR Apt 26 D
3.4 CITY-ST-ZIP	TAMPA, FL 33613-3831
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ERWIN, SCOTT D
4.3 STREET ADDRESS	3510 WINN LEE DR
4.4 CITY-ST-ZIP	LUTZ, FL 33527
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILBA VIALIAZ
5.3 STREET ADDRESS	13843 AZALEA CIR Apt 26 D
5.4 CITY-ST-ZIP	TAMPA, FL 33613-3831
6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARRIS, DANIEL A
6.3 STREET ADDRESS	2905 KNIGHTS STATION Rd
6.4 CITY-ST-ZIP	LAKELAND, FL 33809

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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; 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: *Bennie D. Taylor Vice President* 2-24-98 (813) 254-5304  
Signature, typed or printed name of signing officer or director Date

CP2E037 (10/97)