## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N960000001002

## FILED

| Suite, Apt. 4, etc.    Suite, Apt. 4, etc.  | 1. Corporation   | on Name  | 97 JUN 16 PM 12: 38             |              |         |  |  |               |                                |                         |  |
|---|--|--|---------------------------------|--------------|---------|--|--|---------------|--------------------------------|-------------------------|--|
| Principal Place of Business    Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Application   Place of Business   Place of   | NOW COPE OUTBURCH CENTER IT  |  |                                 |              |         |  | CCCCCTABY OF STATE   |               |                                |                         |  |
| Principal Piace of Business  A Date Incorporated or Qualified  2. Principal Piace of Business  3. Date Incorporated or Qualified  3. Date Incorporated or Status Dolling Incorporated Incorporat  | The second of th |  |                                 |              |         |  | TALLAHACCEE ELOBINA  |               |                                |                         |  |
| 3. Date Incorporated of Gualited  2. Principal Place of Businoss 21. \$10.0.3 Texnos.s.o. Captor (Lot 188) 22. Ma ling Address 3. Date Incorporated of Gualited 23. \$10.0.3 Texnos.s.o. Captor (Lot 188) 24. \$10.0.3 Texnos.s.o. Captor (Lot 188) 25. \$10.0.3 Texnos.s.o. Captor (Lot 188) 26. \$10.0.3 Texnos.s.o. Captor (Lot 188) 26. \$10.0.3 Texnos.s.o. Captor (Lot 188) 27. \$10.0.3 Texnos.s.o. Captor (Lot 188) 28. \$10.0.3 Texnos.s.o. Captor (Lot 188) 29. \$10.0.3 Texnos.s.o. Captor (Lot 188) 29. \$10.0.3 Texnos.s.o. Captor (Lot 188) 20. \$10.0.3 Texnos.s.o. Captor (Lot 188) 2 | Disabet Disabet Disabet  |  |                                 |              |         |  | TALLATIASSI  | L, LL         | MUH                            |                         |  |
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| 2. Principal Place of Desirions 2. An Animal Address 2. An Animal Address 3. EL Nursion 3. EL Nursion 4. El Nursion 5. Cuting Address 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Success of Success 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Cutrent Registered Agent 6. Name and Address of Name Registered Agent 6. Name and Address of Name Registered Agent 6. Name and Address of Name Registered Agent 6. Name Address of Name Registered Agent 6. Name Address of Name Registered Agent 6. Name Agent Registered Agent 6. Name Registered Agent 6. Name Agent Registered Registered Agent 6. Name Agent Registered Registered Registered Registered Registered Registered Registered Registered Regi  |  |  |                                 |              |         |  |  |               |                                |                         |  |
| 2. Principe Place of Business 2. MA sing Address 2. MA sing Address 3. Suite, Apt. 4, etc. 2. Suite, Apt. 4, etc.   |  |  |                                 |              |         |  | 1 14 4   | 3a. D         | ate of Last H                  | eporl                   |  |
| Suite Apt #, etc.   Suit  | 2. Principal P   | Place of Business  | 2a. Mailing Address             |              |         |  | <u> </u>   |               | TAC                            | optied For              |  |
| 22   Status   City & Status   City & Status   | 21 <b>\$</b> 003   | 3 Terresso- Captac Elw   | 26                              |              |         |  |  |               | <b>—</b>                       | <u></u>                 |  |
| City & State  2   Authorists   2   County   | Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                 |              |         |  | 5. Certificate of Status Desired   |               |                                |                         |  |
| 28   Accounty   29   Added to Fender   Added to   |  |  |                                 |              |         |  | 6 510-10-0   |               | 4-4-                           | <del></del> -           |  |
| 20 3 2 30 2 8   |  | F  |                                 |              |         |  |  |               |                                | •                       |  |
| S. Name and Address of Current Registered Agent    10. Name and Address of Now Registered Agent   | Zip  | Country  | <del></del>                     | Cou          | ntry    |  | <del></del>  |               |                                |                         |  |
| SINCE   ACCEPTED   STATE   S  | 24 323   |  | _ <del></del>                   | 30           |         |  |  |               |                                |                         |  |
| ROY   AREAN   Received   Receiv  |  | 9. Name and Address of Current   | Registered Agent                |              | R1      | Namo   | 10. Name and Address of New R  | egistered     | Agent                          |                         |  |
| Tellahassee A 32563   Bet   City   FL   Bet   Zep Code  | - V.   | 7  |                                 |              |         |  |  |               |                                |                         |  |
| TREADNESS OF Socials Street S. 2.5.0.3  11. Pressant to the provisions of Socials Stat (2502 and 617 1508, Inclida Statulates, the advormanced corporation submits this statement for the purpose of champing as registered agont I am agripted with an accept the appointment of forcida social fo  | pe   | ill Dawson   |                                 |              | 82      | Street Add   | fress (P.O. Box Number is Not Accepta  | ble)          |                                |                         |  |
| TREADNESS OF Socials Street S. 2.5.0.3  11. Pressant to the provisions of Socials Stat (2502 and 617 1508, Inclida Statulates, the advormanced corporation submits this statement for the purpose of champing as registered agont I am agripted with an accept the appointment of forcida social fo  | 1 4 /  | na Anson Rd  |                                 | 1            | 83      |  |  |               |                                |                         |  |
| Pursuant to the provisions of Societies 115.052 and 617 1500, Florida Statutes, the above-named corporation submist this statement for the purpose of changing as registered office or replacted 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 family with an advertage of the appointment as registered agent I am family with an adversary of the state of Florida Statutes. I hereby accept the appointment as registered agent and family apply and a complete of the state of Florida Statutes. I hereby accept the appointment as registered agent and family apply and the family state of Florida Statutes. I hereby accept the appointment as registered agent and family apply and the family state of Florida Statutes. I hereby accept the appointment as registered agent and family apply and apply ap  | 100  | ^ ^  | _                               |              | Ř4      | City   |  | <del></del> - | as Zin (                       | Code                    |  |
| office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in an accept the obligations of Specific 17 forces. Profession Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  NOTE Philipseed Aport separative required when retraining.)  DAIL  11.  ITIE OIL  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  ITIE OIL  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS IN 12  ITIE OIL  SIGNATURE  | / @  |  |                                 |              |         | •  |  |               | •     ´                        |                         |  |
| SIGNATURE SIGNAT  | Office or r  | registered agent, or both, in the State o  | f Florida. Such change was i    | authorized   | yd b    | the corpora  | poration submits this statement for the tion's board of directors. I hereby acceptance | purpose o     | if changing it<br>pointment as | s registered registered |  |
| 12. OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12  TITLE OIL  WORTH Projected April to group the control provided April to the Carry Control of the Control of Change   Addition    ITIELE OIL  WORTH ADJUST   DELETE   11 title     Change   Addition    ITIELE OIL  WORTH ADJUST   DELETE   11 title     Change   Addition    ITIELE OIL  WORTH ADJUST   DELETE   11 title     Change   Addition    ITIELE OIL  WORTH ADJUST   DELETE   DELET  | agent la   | im familiar with, and accept the obligati  | ons of, Section 617.0503, Fi    | orida Stat   | ules    |  | 6.1  |               |                                | •                       |  |
| TITLE OILE  WANTED  WANTED  WANTED  WANTED  WANTED  THE OILE  THE OI  | SIGNATURE  | Signature typed or printed name of registered agent  | and title if applicable (NO)    | £ Registered | 1 Ager  | ni signalure requ  | ired when reinstating)   | DATE          | <del></del>                    |                         |  |
| NAME STREET ADDRESS CITY-ST-ZIP TILLE D./A NAME STREET ADDRESS CITY-ST-ZIP TILLE D./A NAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREE  | 12.  | OFFICERS AND   |                                 | 13.          |         |  | ADDITIONS/CHANGES TO OFF   | CERS AN       | D DIRECTOR                     |                         |  |
| NAME STREET ADDRESS CITY-ST-ZIP TILLE D./A NAME STREET ADDRESS CITY-ST-ZIP TILLE D./A NAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREE  | UL   | KURT DAWSM   | ☐ DELETE                        |              |         |  |  |               | Change                         | Addition                |  |
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| TITLE D.R  NAME  SIREET ADDRESS  STOP AN PLAN  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS   | STREET ADDRESS   | TROGENTARIEN NON   | . m > 9 13                      | 2.3 ST       | REE 1 A | ADDRESS  |  |               |                                |                         |  |
| NAME SIRET ADDRESS CITY-S1-ZIP TITLE NAME SIRET ADDRESS CITY-S1-ZIP TITLE NAME DELETE   |  | Jakla Kessec F   |                                 |              |         | T-ZIP  |  |               | Channe                         | Addition                |  |
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| GITY-ST-7IP  TO COA PARC, TO COEFFE   Addition    NAME   A 2 NAME   A 2 NAME    4 3 SIREET ADDRESS    5 1 THLE   DELETE   5.1 THLE    2 THLE   DELETE   5.1 THLE    3 THLE   DELETE   5.1 THLE    4 THLE   DELETE   5.1 THLE    4 THLE   DELETE   5.1 THLE    5 THLE   DE  |  | 1809 ARRAN Pel   |                                 |              |         | ADDRESS  |  |               |                                |                         |  |
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| THE DELETE 5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition  Change Addition  Change Addition  Addition  Addition  Addition  1. In the composition of the composition of 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.   |  |  |                                 |              |         | 1  | ****1  | 22.50         | 米米米米米                          | 61.25                   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 INTLE  DELETE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP  Change Addition  NAME 1. do hereby certily 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 tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ompowered 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.  |  |  | DELETE                          |              | _       | -711   |  |               | Change                         | Addition                |  |
| THE DELETE 61 THILE    DELETE 61 THILE   DELETE 61 THILE   Change   Addition  | 1  |  |                                 |              |         |  | A 1. 1/2   |               | _ ,                            | -                       |  |
| THE DELETE 61 INLE.    DELETE 62 NAME   | STREET ADDRESS   |  |                                 | 5.3 ST       | REET A  | ADDRESS  | (AD)IOUIOU /   |               |                                |                         |  |
| NAME  57REET ADDRESS  CITY-ST-ZIP  14. I do hereby certily 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 tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ompowered 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.  |  |  |                                 |              | -       | - ZIP  | ( )  |               |                                |                         |  |
| STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. I do hereby certily 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 tegal 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.  |  |  | ☐ DELETE                        |              |         | ]  |  |               | ☐ Change                       | ∟ Addition              |  |
| CITY-ST-ZIP  14. I do hereby certily 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.  |  |  |                                 | - 6          |         | unnaree  |  |               |                                |                         |  |
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| 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.   | 14. I do herel   | by certify that the information supplied   | with this filing does not quali | fy for the   | exen    | nption state   | d in Section 119.07(3)(i), Florida Statut  | s. I furtho   | r certify that                 | the                     |  |
|   | lam an o   | flicer or director of the corporation or the   | e receiver or trustee empow     | red to e     | xecu    | SECRETARY OF STATE TALLAHASSEE, FLORIDA  3. Date Incorporated or Qualified  3. Date of Last Report    Applied For   Not Applicable |  |               |                                |                         |  |
|   | appears i  | IN BIHOCK 12 OF BIDCK 13 IT CHANGED OF C   | in an attachment with an add    | ress.        | 1       | /  | <b>\</b>   | _             | O                              |                         |  |

HONATURE AND TYPED OR PARTED HAME OF SKONING OFFICER OR DIRECTOR