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

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000003022 (8)

FILED

98 APR 28 AMII: 56

SECTION OF STATE TALLAMA SUBBLE, PLORIDA

| Principal Place of Business  308 WOOD GREEN WAY TALLAHASSEE FL 32308  3. Date Incorporated or Qualified O6/07/1996  4. FEI Number  59-3412816  2e. Mailing Address  2f. Applied for Not Applied  2e. Mailing Address  2f. Commit Status Desired  2g. Mailing Address  | pplicable ilitional ired / Be ses              |
|--|--|
| TALLAHASSEE FL 32308   | pplicable ilitional ired / Be ses              |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Certificate of Status Desired Fee Required  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State 2. City & State  TALLAHASSE FL  Zip  Country  Zip  Zip  Zip Code  | litional<br>ired<br>/ Be<br>ses<br>gible<br>lo |
| 21 GGO9 OMAHATRAIL 26 GGO9 OMAHATRAIL  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  TALLAHASSEE FL  ROBERTS, CHERYL W  3908 WOOD GREEN WAY TALLAHASSEE FL 32308  11. Pursuant to the provisions of Sections 617,0502 and 617, 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I m familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  Sile, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Tout LAHASSEE FL  Suite, Apt. #, etc.  6. Election Campsign Financing Trust Fund Contribution  Added to Fees  Tout LAHASSEE FL  Tout LAHASSEE FL  Tout LAHASSEE FL  Strip Code Tout Ty  Street Address of Status Desired  Fee Required  6. Election Campsign Financing Trust Fund Contribution  Added to Fees  Tout LAHASSEE FL  Strip Code Tout Ty  Street Address of Current Registered Agent  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  Color OMAHATRAIL  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  Color OMAHATRAIL  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE FL  Street Address of Not Acceptable)  TALLAHASSEE FL  Street Addr | red<br>r Be<br>res<br>gible                    |
| Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   | / Be<br>ses<br>gible<br>lo                     |
| Trust Fund Contribution Added to Fees  City & State  City & State  TALLAHASSEE, FL  Zip  Country  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  ROBERTS, CHERYL W  3908 WOOD GREEN WAY  TALLAHASSEE FL 32308  B1 Name  ATSON JILL  B2 Street Address (P.O. Box Number is Not Acceptable)  City  FL  B3 Zip Code  32 3 0 8  B4 City  FL  B5 Zip Code  32 3 0 8  TALLAHASSEE  TIP Code  32 3 0 8  TALLAHASSEE  SIGNATURE  Trust Fund Contribution  Added to Fees  7. Is this nonprofit corporation a homeowners association?  To Is this nonprofit corporation and homeowners association?  To Is this nonprofit corporation a homeowners association?  To Is this nonprofit corporation about a homeowners association?  To Is the provision of association?  To Is the prov | gible<br>Jo                                    |
| TALLAHASSEE FL  28 TALLAHASSEE FL  29 32308  20 32308  30 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  10. Name and Address of New Registered Agent  81 Name  ATSON  TALLAHASSEE FL 32308  82 Street Address (P.O. Box Number is Not Acceptable)  Colo 09 OMAHATRAIL  83 TALLAHASSEE FL 32308  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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  120 Yes No  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  | Jo   |
| Signature   Country   Country   Signature   Signature   Country   Signature   Signature   Country   Signature   Signature   Country   Signature   Country   Signature   Signature   Country   Signature   Signature   Country   Signature   Signature   Country   Signature   Country   Signature   Country   Signature   Country   Signature   Country   Signature   Country   Signature   Signature   Country   Signature   Co   | Jo   |
| ROBERTS, CHERYL W 3908 WOOD GREEN WAY TALLAHASSEE FL 32308  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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  10. Name and Address of New Registered Agent  ATSON JLL  Street Address (P.O. Box Number is Not Acceptable)  ATSON TRAIL  B3  TALLAHASSEE  City  FL  B5  Zip Code 32308  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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  JULIANA ATSON  11. Name and Address of New Registered Agent  ATSON JLL  B4  Street Address (P.O. Box Number is Not Acceptable)  ATSON JLL  B4  ATSON JLL  B5  Zip Code 32308  4/44/98  | Jo   |
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| ROBERTS, CHERYL W 3908 WOOD GREEN WAY TALLAHASSEE FL 32308  Street Address (P.O. Box Number is Not Acceptable)  62 Street Address (P.O. Box Number is Not Acceptable)  63 TALLAHASSEE  64 City  FL 85 Zip Code 32308  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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12 VA 750V  13 Street Address (P.O. Box Number is Not Acceptable)  14 4 4 98  | le C   |
| 3908 WOOD GREEN WAY TALLAHASSEE FL 32308  Street Address (P.O. Box Number is Not Acceptable)  A City  TALLAHASSEE  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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Transparse (P.O. Box Number is Not Acceptable)  Transparse (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Transparse (P.O. Box Number is Not Acceptable)   | le<br>D.G.                                     |
| 3908 WOOD GREEN WAY TALLAHASSEE FL 32308    Color  | le C   |
| TALLAHASSEE  84 City  FL 85 Zip Code 32.3 o.B  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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  TALLAHASSEE  85 Zip Code 32.3 o.B  12 Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  | le C   |
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| SIGNATURE JICE WATSON 4/24/190   | nistered                                       |
| SIGNATURE JICE WATSON 4/24/190   | istered  |
|  |  |
|  | <del></del>                                    |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|  | _] Addition                                    |
| NAME PARSON, PAT 1.2 NAME  |  |
| STREET ADDRESS 320 N. JACKSON ST 1.3 STREET ADDRESS  | -a   |
| CITY-ST-ZIP   QUINCY FL 32351  | Addition                                       |
| WADDELL DAY  | วักด   |
| AAA AHAAZAANII TAAR  | ,00  |
| STREET ADDRESS \$28 CHICKASAW IMAIL 2.3 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 2.4 CITY-ST-ZIP  |  |
|  | Addition                                       |
| NAME ROBERTS, CHERYL W 32 NAME PARSONS MIKE  |  |
| STREET ADDRESS 3908 WOODGREEN WAY 3.3 STREET ADDRESS 320 N. JA-CKSON ST.   |  |
| CITY-ST-ZIP TALLAHASSEE FL 32308 3.4. CITY-ST-ZIP QUINCY, FL. 32351  |  |
|  | Addition                                       |
| NAME WATSON, JILL 4.2 NAME   |  |
| STREET ADDRESS 6809 OMAHA TRIAL 4.3 STREET ADDRESS   |  |
| CITY-ST-ZIP TALLAHASSEE FL 32308 4.4 CITY-ST-ZIP   |  |
|  | Addition                                       |
| NAME MANSELL, JUANITA 5.2 NAME   |  |
| STREET ADDRESS 685 E. WASHINGTON ST 5.3 STREET ADDRESS   |  |
| CITY-ST-ZIP MONTICELLO FL 32344  5.4 CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addi   | Addition                                       |
| About the second of the second | J MODICION                                     |
| 1 V - X / C 1 V  |  |
| STREET ADDRESS 81/ MAHGU S1 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP   |  |

14. Thereby 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.