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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004050 (8)

1. Corporation Name

ALAFIA VILLAGE, INC.



Principal Place of Business

Mailing Address

3920 SOUTH KINGS AVENUE  
BRANDON FL 33511

3920 SOUTH KINGS AVENUE  
BRANDON FL 33511-7749

3. Date Incorporated or Qualified  
08/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3918 S Kings Ave.

26 3918 S. Kings Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Brandon, FL 33511

27 City & State  
28 Brandon, FL 33511

24 Zip Country

29 Zip Country

4. FEI Number

Applied For

59-3435441

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

BLOMGREN, DAVID K  
3920 SOUTH KINGS AVENUE  
BRANDON FL 33511

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BLOMGREN, DAVID K  
STREET ADDRESS 3920 SOUTH KINGS AVENUE  
CITY-ST-ZIP BRANDON FL 33511

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME DAVIS, KENT  
STREET ADDRESS 3920 SOUTH KINGS AVENUE  
CITY-ST-ZIP BRANDON FL 33511

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME HELDRETH, JIM  
STREET ADDRESS 3920 SOUTH KINGS AVENUE  
CITY-ST-ZIP BRANDON FL 33511

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME DESARIO, ALAN  
STREET ADDRESS 3920 SOUTH KINGS AVENUE  
CITY-ST-ZIP BRANDON FL 33511

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

May 6, 1997 (012) 199-9400

CR2E037 (9/96)