

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004050 (8)**

1. Corporation Name

**ALAFIA VILLAGE, INC.**



<b>Principal Place of Business</b> <b>3918 S KINGS AVE</b> <b>BRANDON FL 33511</b> <b>US</b>	<b>Mailing Address</b> <b>3918 S KINGS AVE</b> <b>BRANDON FL 33511</b> <b>US</b>
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<b>3. Date Incorporated or Qualified</b> <b>08/02/1996</b>	
<b>4. FEI Number</b> <b>59-3435441</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> <b>BLOMGREN, DAVID K</b> <b>3920 SOUTH KINGS AVENUE</b> <b>BRANDON FL 33511</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Kent G. Davis</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>3920 S. Kings Ave.</b> <b>83</b> <b>84 City</b> <b>Brandon</b> <b>FL</b> <b>85 Zip Code</b> <b>33511</b>
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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 **Kent G. Davis, President** **Kent G. Davis** **4-30-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>D</b> <input checked="" type="checkbox"/> DELETE	<b>NAME</b> <b>BLOMGREN, DAVID K</b>
<b>STREET ADDRESS</b> <b>3920 SOUTH KINGS AVENUE</b>	<b>CITY-ST-ZIP</b> <b>BRANDON FL 33511</b>
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>DAVIS, KENT</b>
<b>STREET ADDRESS</b> <b>3920 SOUTH KINGS AVENUE</b>	<b>CITY-ST-ZIP</b> <b>BRANDON FL 33511</b>
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>HELDRETH, JIM</b>
<b>STREET ADDRESS</b> <b>3920 SOUTH KINGS AVENUE</b>	<b>CITY-ST-ZIP</b> <b>BRANDON FL 33511</b>
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>DESARIO, ALAN</b>
<b>STREET ADDRESS</b> <b>3920 SOUTH KINGS AVENUE</b>	<b>CITY-ST-ZIP</b> <b>BRANDON FL 33511</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1.2 NAME</b> <b>Kent G Davis</b>
<b>1.3 STREET ADDRESS</b>	<b>1.4 CITY-ST-ZIP</b> <b>P/D</b>
<b>2.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.2 NAME</b>
<b>2.3 STREET ADDRESS</b>	<b>2.4 CITY-ST-ZIP</b>
<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3.2 NAME</b>
<b>3.3 STREET ADDRESS</b>	<b>3.4 CITY-ST-ZIP</b>
<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.2 NAME</b>
<b>4.3 STREET ADDRESS</b>	<b>4.4 CITY-ST-ZIP</b>
<b>5.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>5.2 NAME</b> <b>Davis, Dale Sr.</b>
<b>5.3 STREET ADDRESS</b> <b>3920 S. Kings Ave.</b>	<b>5.4 CITY-ST-ZIP</b> <b>Brandon, FL 33511</b>
<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6.2 NAME</b>
<b>6.3 STREET ADDRESS</b>	<b>6.4 CITY-ST-ZIP</b>

14. I 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 correct 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 of the State of Florida; and that I am authorized 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 in an attachment with an address.

SIGNATURE: **Kent G Davis** **Kent G Davis Pres - 4/30/98 (813)** **100-0107**

CR2E037 (10/97)