## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

N96000004528 (3)

ROBERT L. BANKS, JR. OUTREA	Malling Address		
3073 ELDORADO OR 3073 ELDORADO D			3. Date Incorporated or Qualified
PAHAKEE FL 33476	PAHAKEE FL 33476		08/26/1996
			4. FEI Number 65-0724491 Applied For
			APPLIED-FOR Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26 424 Sago	Court	5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22	27		Trust Fund Contribution Added to Fees
City & State	City & State Pahokee, F	1	7. Is this nonprofit corporation a homeowners association?
23	[20]		☐ Yes ☐ No
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29 33476	30 Palm Beach	Personal Property Tax due June 30. Yes No
9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
		OI NAME	
BANKS, ROBERT L JR		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
3073 ELDORADO DR		83	
PAHAKEE FL 33476		63	
,		84 City	FI 85 Zip Code
Pursuant to the provisions of Sections 617.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE	02 and 617.1508, Florida Statute e of Florida. Such change was a galions of, Section 617.0503, Flo	s, the above-named corporation of the corporation o	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered as		Registered Agent signature require	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE OP	☐ DELETE	1.1 TITLE	Change Addition
NAME BANKS, ROBERT L JR		1.2 NAME	
STREET ADDRESS 3073 ELDORADO DR		1.3 STREET ADDRESS	
CITY-ST-ZIP PAHOKEE FL 33476	Deceme	1.4 CITY - ST - ZIP	Character In Character
TITLE DS	☐ DELETE	2.1 TITLE	Change Addition
NAME SWABY, BARBARA		2.2 NAME	
STREET ADDRESS 424 SAGO CT		2.3 STREET ADDRESS	
CITY-ST-ZIP PAHOKEE FL 33476	DELETE	2.4 CITY-ST-ZIP	Change Addition
NAME RAMSEY, NATHANIEL	L VELETC	3.1 TITLE 3.2 NAME	E oliginal de la vigorion
1		1	
DELDAY DELOU EL ANALA		3.3 STREET ADDRESS	
TITLE D	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
MAGAN OPENDA			
STREET ADDRESS 2425 2ND AVE. N., APT. 44-		4. 2 NAME	
LAME WARTING	מ	43 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP WAKE WURTH FL	D	4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	Change FT Addition
TITLE NAME	D DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	Change Addition
NAME Street address		4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
NAME Street address City-St-Zip	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
NAME Street address		4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	

6.4 CITY - ST-ZIP 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 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 13 if changed, or on an attachment with an address.

K12194