## 4-29-97 B-5494 C. FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1997

NAME

STREET ADDRESS CITY-ST-ZIP

information indicated on this annual report or supplemental and I am an officer or director of the corporation to the receiver or trappears in Block 12 or Block 12 if ghand to the attachment



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

N96000004587 (9)

MI. PLEASANT NO LONGER BOUND, INC.							
Principal Plac	e of Business	Mailing Address					i indesides and serve and a serve destribution and a disease later that
4077 PRINCE HALL BLVD ORLANDO FL 32811			4077 PRINCE HALL BLVD ORLANDO FL 32811-5637			-	
							3. Date Incorporated or Qualified 08/30/1996 3a. Date of Last Report
· ·	lace of Business	<b>├</b> 1	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt.	# ata	26	Suite, Apt. #, etc.				59-3440348   Not Applicable
22	#, etc.	27	<del></del>				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	-  21	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	<b>一 </b>				Trust Fund Contribution Added to Fees
Zip Country			Zip Cou		itry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29			30			Florida Statutes
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
				[1	81	Name	
PRINCE, WALTER R REV				ļī	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
1801 CROWLEY CIRCLE				83			
LONGWOOD FL 32779			i		83		
			84 City		Cily	FL 85 Zip Code	
11 Purpugnt to the provisions of Sections 617 0502 and 617 1508 Florida Statutos, the above						named corn	
office or r	egistered agent, or both, in the Stat	e of Florid	a Such change was	authorized	by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
•	m familiar with, and accept the obli-	gations of	Section 617.0503, Fit	orida Statu	ites	S.	
SIGNATURE	Signature, typed or printed name of registered a	gent and title i	fapplicable (NO)	L: Registered	Age	ent signature require	od when reinstating) DATE
12.	OFFICERS AF			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 1170	.E		☐ Change ☐ Addition
NAME	SPAULDING, PAT			1.2 NAM	ΜE	Ì	
STREET ADDRESS	843 KEATS AVE			1.3 STR	8661	ADDRESS	
CITY-ST-ZIP					Y - S	1-2IP	
TITLE	_ (		: 2.1 TITL	2.1 TITLE Change Addition			
NAME			2 2 NA		ΜE		
STREET ADDRESS 527 PORTLAND CIRCLE			2351		EET	ADDRESS	
CITY-ST-ZIP				2. 4 CIT	_	ST-ZIP	
TITLE	_		3.1 1111			☐ Change ☐ Addition	
NAME	FOXX, JACQUIE			3.2 NAM	-	1	
STREET ADDRESS	2647 CARTER GROVE CIRC	Lt				ADDRESS	
CITY-ST-ZIP	ST-ZIP WINDERMERE FL 34786		Deirit		3 4. C(TY - ST - Z)P 4.1 TITLE		Change Addition
TITLE			L.) DELETE				Ci cuarige Ci Augupon
NAME				4. 2 NA		100000	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			DELETE	5.1 UIL			La Change La Auditori
STREET ADDRESS				1		ADDOCCO	
						ADDRESS T. 710	
CITY-ST-ZIP			DELETE	6.4 CITY 6.1 TUTE	_	1 - Z(P	☐ Change ☐ Addition

6.2 NAME 6.3 STREET ADDRESS

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 is supplemental amount 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 of the conformation of the conformation in the conformation in