SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

N96000004598 (6)

NONPROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 08 1997 8:00am Secretary of State

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27 City & State Zip Zip Zip Zip Zip Zip Zip Zi	
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Zip Country 2ip Country 2ip Country 8, This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.	
CREIGHTON, ROBERTA J 3034 ATLANTIC AVE EATON PARK FL 33840 82 Street Address (P.O. Box Number is Not Acceptable) 83 Lack and Address of New Registered Agent 84 City FL 85 Zip.Code 85 City FL 85 Zip.Code 86 City FL 85 Zip.Code 87 City FL 85 Zip.Code 88 Zip.Code 88 Zip.Code 88 Zip.Code 89 City FL 85 Zip.Code 80 City FL 85 Zip.Code 81 Zip.Code 82 City FL 85 Zip.Code 83 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 FL 80 City	le
CREIGHTON, ROBERTA J 3034 ATLANTIC AVE EATON PARK FL 33840 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 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE Street Address (P.O. Box Number is Not Acceptable)	
CREIGHTON, ROBERTA J 3034 ATLANTIC AVE EATON PARK FL 33840 84 City FL 85 Zip.Code 85 City FL 85 Zip.Code 86 City FL 85 Zip.Code 87 City FL 85 Zip.Code 88 City FL 85 Zip.Code 89 City FL 85 Zip.Code 89 City FL 85 Zip.Code 89 City FL 85 Zip.Code 80 Zip.Code 80 Zip.Code 81 City FL 85 Zip.Code 82 City FL 85 Zip.Code 84 City FL 85 Zip.Code 85 Zip.Code 86 Zip.Code 86 Zip.Code 87 Zip.Code 88 Zip.Code 89 Zip.Code 89 Zip.Code 80 Zip.Code 80 Zip.Code 80 Zip.Code 80 Zip.Code 81 Zip.Code 81 Zip.Code 82 Zip.Code 84 City FL 85 Zip.Code 85 Zip.Code 86 Zip.Code 86 Zip.Code 86 Zip.Code 87 Zip.Code 88 Zip.Code 89 Zip.Code 80 Zip.Code 81 Zip.Code 80 Zip.Code 81 Zip.Code 81 Zip.Code 81 Zip.Code 81 Zip.Code 82 Zip.Code 83 Zip.Code 84 Zip.Code 85 Zip.Code 86 Zip.Code 87 Zip	
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 regist agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. SIGNATURE Signature. Signature, typed or printed name of lags stered agent and title if spollcable (NOTE: Registered Agent signature required when reinalysing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D	
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Signature, typed or printed name of registered agent and title if Opticable (NOTE: Registered Agent signature required when reinstating) DATE	
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STREET ADDRESS 335 GRIFFIN AVE 6.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33801 64 CITY-ST-ZIP	

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.

CHAINMIDE PENINDED