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**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90002 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005310**

1. Corporation Name  
**BUCK LAKE ALLIANCE, INC.**

Principal Place of Business P.O. BOX 15996 TALLAHASSEE FL 32317 US	Mailing Address P.O. BOX 15996 TALLAHASSEE FL 32317 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3411946
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**TOMASELLO, TOM**  
**WATKINS, TOMASELLO & CALEEN, P.A.**  
**1315 E LAFAYETTE ST SUITE B**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILL, ROBIN	
STREET ADDRESS	7601 SKIPPER LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEAVY, MYRTICE John D. Dew	
STREET ADDRESS	751 RURLEDGE RD 6527 Chevy Way	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FURJANIC, SHELIA STELLA	
STREET ADDRESS	RT 7 BOX 858 E	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOSTWAKO, MIKE	
STREET ADDRESS	6089 REDFIELD CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7360 Skipper Lane
1.4 CITY-ST-ZIP	Tallahassee, FL 32311
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John D. Dew
2.3 STREET ADDRESS	6527 Chevy Way
2.4 CITY-ST-ZIP	Tallahassee, FL 32311
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STELLA FURJANIC
3.3 STREET ADDRESS	1978 Two Horse Trail
3.4 CITY-ST-ZIP	Tallahassee, FL 32308
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mike Kosturko
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/7/99 922-5692  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)