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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005396 (4)

1. Corporation Name

THE LORIDA COMMUNITY SUPPORT GROUP, INC.



Principal Place of Business

Mailing Address

2317 8TH AVE.
LORIDA FL 33857

P.O. BOX 234
LORIDA FL 33857-0234

3. Date Incorporated or Qualified
10/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPEHEK, ALICE
2317 8TH AVE.
LORIDA FL 33857

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MCCOWEN, RUTH
STREET ADDRESS P.O. BOX 486
CITY-ST-ZIP LORIDA FL 33857 ☒ DELETE

1.1 TITLE Secretary
1.2 NAME BONNIE J. AMES
1.3 STREET ADDRESS 2032 GARDNER DR
1.4 CITY-ST-ZIP Lorida, FL 33857 ☐ Change ☒ Addition

TITLE D
NAME SMITH, SHIRLEY
STREET ADDRESS 2351 4TH AVE
CITY-ST-ZIP LORIDA FL 33857 ☐ DELETE

2.1 TITLE Treasury
2.2 NAME PAM COLLINS
2.3 STREET ADDRESS 2525 5TH AVE
2.4 CITY-ST-ZIP Lorida, FL 33857 ☐ Change ☒ Addition

TITLE D
NAME WEEKS, BOBBIE
STREET ADDRESS 1817 8TH AVE., SOUTH
CITY-ST-ZIP LORIDA FL 33857 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME SPEHEK, ALICE
STREET ADDRESS 2317 8TH AVE.
CITY-ST-ZIP LORIDA FL 33857 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MELTON, JEWELL
STREET ADDRESS 2309 BLUFF HAMMOCK
CITY-ST-ZIP LORIDA FL 33857 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BLOUNT, FAITH
STREET ADDRESS 3148 IRISH DRIVE
CITY-ST-ZIP LORIDA FL 33857 ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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. 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.

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