


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90257 030 \*\*\*\*70.00

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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 # N96000005442**

1. Corporation Name  
**NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORAT  
 ION**

Principal Place of Business 24420 SOUTH DIXIE HWY PRINCETON FL 33032 US	Mailing Address 24420 SOUTH DIXIE HWY PRINCETON FL 33032 US
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2. Principal Place of Business 21 <b>N/A</b>	2a. Mailing Address 26 <b>N/A</b>	3. Date Incorporated or Qualified 10/21/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1533092
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCKINNON, CHARLES 24420 SOUTH DIXIE HWY PRINCETON FL 33032		81 Name	<b>N/A</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALVAREZ, ALFREDO</b>	1.2 NAME	<b>Charles McKinnon</b>
STREET ADDRESS	<b>25520 SW 127TH AVE.</b>	1.3 STREET ADDRESS	<b>24420 S. Dixie Hwy</b>
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	1.4 CITY-ST-ZIP	<b>Princeton, FL 33032</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, SALLIE</b>	2.2 NAME	<b>Morrow, Paul</b>
STREET ADDRESS	<b>26620 SW 138TH AVE.</b>	2.3 STREET ADDRESS	<b>13495 SW 260th St</b>
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	2.4 CITY-ST-ZIP	<b>Naranja, FL 33032</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, PAUL</b>	3.2 NAME	<b>LINDA Amica</b>
STREET ADDRESS	<b>13495 SW 260TH STREET</b>	3.3 STREET ADDRESS	<b>17334 SW 108th Ct</b>
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	3.4 CITY-ST-ZIP	<b>Naranja, FL 33157</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>SMITH, DIANE</b>	4.2 NAME	
STREET ADDRESS	<b>26227 SW 139TH CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>TAYLOR, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>26515 SW 138TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>CRANER, DALE</b>	6.2 NAME	
STREET ADDRESS	<b>26330 SW 131ST STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PRINCETON FL 33032</b>	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: C. Is McKinnon **Charles McKinnon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)