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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006538 (0)**

1. Corporation Name

THOMAS AND SNEAD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

**900 S.W. AVENUE "G" PLACE
BELLE GLADE FL 33430**

**900 S.W. AVENUE "G" PLACE
BELLE GLADE FL 33430**



3. Date incorporated or Qualified

12/24/1996

4. FEI Number

31-1500952

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, ANNIE
900 S.W. AVENUE "G" PLACE
BELLE GLADE FL 33430**

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 ☐ DELETE
NAME **PD
THOMAS, ANNIE**
STREET ADDRESS **900 S.W. AVENUE "G" PLACE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **SD
FREEMAN, LAFRANZE**
STREET ADDRESS **900 S.W. AVENUE "G" PLACE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME **TD
FLOYD, SHIRLEY**
STREET ADDRESS **900 S.W. AVENUE "G" PLACE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and 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.

SIGNATURE:

Ann Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas

Date

1/7/98

Daytime Phone # **561-996-2543**

CR2E037 (10/97)