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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001021

1. Corporation Name

PREVENT A LITTER SOCIETY (P.A.L.S.), INC.

Principal Place of Business

PO BOX 5135
ST AUGUSTINE FL 32095

Mailing Address

PO BOX 5135
ST AUGUSTINE FL 32095



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/19/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BOLY, EDA L
510 12TH STREET, NORTH BEACH
ST AUGUSTINE FL 32095

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

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYDNOR, JANET			1.2 NAME	MULL, SHARON		
STREET ADDRESS	77 ATLANTIC RD.			1.3 STREET ADDRESS	140 RONALD ROAD		
CITY-ST-ZIP	ST. AUGUSTINE FL 32092			1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULL, SHARON			2.2 NAME	GILMORE, GAIL		
STREET ADDRESS	140 RONALD RD.			2.3 STREET ADDRESS	13 THIRD STREET		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNETT, HUNTER			3.2 NAME	GARNISS		
STREET ADDRESS	5924 PINE CREEK DRIVE			3.3 STREET ADDRESS	603 GERONA AVENUE		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLY, EDA			4.2 NAME	PRICE, MARIAN		
STREET ADDRESS	510 12TH-ST NORTH BEACH			4.3 STREET ADDRESS	603 GERONA AVENUE		
CITY-ST-ZIP	ST AUGUSTINE FL 32095			4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILMORE, GAYLE			5.2 NAME			
STREET ADDRESS	13 THIRD STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Eda Boly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 1999 (904) 824-2222
Date Daytime Phone #

CR2E037 (11/98)