

FILE NOW: FILING FEE IS \$61.25

FILED

**Sep 03 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 # N97000002422 (0)
1. Corporation Name
FLORIDA CHAMPION TREE PROJECT, INC.



Principal Place of Business 115 W. OLYMPIA AVE. PUNTA GORDA FL 33950	Mailing Address P.O. BOX 19612 SARASOTA FL 34276-2812
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3. Date Incorporated or Qualified
04/30/1997

4. FEI Number 31-1526112	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26 1283 Ranchette Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 West Palm Beach, FL
Zip 24	Country 30 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**HACKETT, JACK O II
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
81 Name **Terry Mock**
82 Street Address (P.O. Box Number is Not Acceptable)
1283 RANCHETTE ROAD
83
84 City **WEST PALM BEACH FL** **85** Zip Code **33415**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **8/25/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/>
NAME	MILARCH, DAVID M	
STREET ADDRESS	932 PANDA RD.	
CITY-ST-ZIP	S. VENICE FL 34293	
TITLE	DV	<input type="checkbox"/>
NAME	MOCK, TERRY	
STREET ADDRESS	1283 RANCHETTE RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	DSTB	<input type="checkbox"/>
NAME	ENHAM, ZAN	
STREET ADDRESS	2414 NASSAU ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE *[Signature]* **Terry Mock** **7-21-98 (561) 683-3278**

CR2E037 (10/97)