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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000004971 (4)

OAKLAND GAZETTE, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Plac	e of Busines	М	Mailing Address						-	DIO IONA NOBIL QUIL QUI	 	JUIN DIFFE 1911)	18001 1101 4501		
301 N TUBS ST. BOX 881 CAKLAND FL 34760				301 N TUBB ST. BOX 881 OAKLAND FL 34760						3. Date Incorpo	orated or Qualified			· · · · · · · · · · · · · · · · · · ·	
			U.							09/03/					
										4. FEI Number	_		A	pplied For	
A 5										59-3467	7301	~	N	ot Applicable	
2. Principal Place of Business				2a. Mailing Address 2b. P.O. Box 881						5. Certificate of	Status Desired		*	Additional	
Suite, Apt. #, etc.				26 P.O. BOX 881 Suite, Apt. #, etc.										equired	
22			57	27						Trust Fund C	npaign Financing		\$5.00 Added 1		
City & State			 -	City & State						7. Is this nonprofit corporation a homeowners association?					
23			28	28 Oakland, FL						Yes 😡 No					
Zip	p Country			Zip 34760 Country						8. This corpora	tion owes or has I	oald the cu	rrent year in	itangible	
24				29 30					Personal Property Tax due June 30. XXX Yes No						
	9, Name	and Address of Co	urrent Regis	tered Agen	l		1			10. Name and	Address of New F	legistered	Agent		
							81	Name							
VANDE		82			Street	Addres	ss (P.O. Box Num	ber is Not Accept	able)						
301 N TUBB ST											· <u>·</u> ··································				
OAKLAI	ND FL 3470	30					83								
							84	City				E I	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 617	7.0502 and 6	17.1508. Flo	rida Statu	Ites, the	above	-named	corpo	ration submits this	s statement for the	purpose d	of changing i	its registered	
office or r	registered ag	ent, or both, in the l th, and accept the	State of Flori	da. Such cha	ange was	authoriz	zed by	the corp	poratio	n's board of direc	tors. I hereby acc	ept the ap	pointment as	registered	
_	1111 1C111 1111C1 44	in, and accept the t	acing ations o	1, 30011011 01	7.0003,1	ionoa 3	iaiutea								
SIGNATURE .	Signature, typed	or printed name of register	ed agont and title	If applicable	(NO	TE: Registe	ered Age	ni signature	required	d when reinetating)		DATE			
12.		OFFICERS	S AND DIRE			13	3.			ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTO		
TITLE				لـا	DELETE	1.1	TITLE		P/	/c			☐ Change	Addition	
NAME						1,2	NAME		J J	on Vander	Ley	•			
STREET ADORESS						1.3	STREET	ADDRESS	10	09 W. Hull	_				
CITY-ST-ZIP								ڼڼ_	akland, FI			1 2			
TITLE			U				TITLE		V/	/D			Change	Addition	
NAME OTOSTA ADODASO						2.2 N/			At	nthony Ger	aci			•	
STREET ADDRESS									40	09 E. Hens	chen				
CITY-ST-ZIP TITLE			DELETE			_	2. 4 CITY-ST-ZIP 3.1 TITLE			akland, Fi			☐ Change	4 Addition	
NAME				ب	wake 1 b		NAME		1 1	/D			CT Autorida	- AUUMIUM	
STREET ADDRESS								ADDRESS		aul Carter					
CITY - ST - ZIP							. CITY-S				ınd Avenue				
TITLE	<u> </u>				DELETE		i Title	C AN		skland, F L	,	· · · · · · · · · · · · · · · · · ·	Change	X Addition	
NAME	ļ			_	_		2 NAME		S						
STREET ADDRESS							STREET	ADDRESS		hyllis Car					
CITY-ST-ZIP	i						CITY-ST		15	5722 Oakla	ınd Avenue				
TITLE					DELETE		TITLE			akland, Fi	J	······································	Change	Addition	
NAME						5.2	NAME		D						
STREET ADDRESS						5.3	STREET .	ADDRESS		ohn Hammer					
CITY-ST-ZIP						5.4	CITY-\$1	r-ZIP	ı	06 N. Arri	_				
TITLE					DELETE		TITLE		08	akland, FI	,		Change	☐ Addition	
NAME						6.2	NAME								
STREET ADDRESS						6.3	STREET	ADDRESS							
City. St. 7IP	l						CITY CI	710	1						

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:

Physik. Pastr

Phyllis Cartery Begretary

2/5/98

(407)654-5757

HZE037 (1097)