## FILE NOW: FILING FEE IS \$61.25

NONBROFIT CORPORATION **ANNUAL RÉPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra . Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000005491 (2) DOCUMENT #

FILED

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SECTABLE OF STATE TALLABLESSEE, FLORIDA

ANIZATION, INC.													
Principal Pla	ce of Busines	s		Mailing Address					f 100f1141 DED 10f11 18411 84111 48111	LANN BANK A	EIBI EIRI UIRIJ	16401 1101 4001	
C/O BISHOP E.L. SHEPPARD 1815 ELM ST OUINCY FL 32351			C/O 1815 OUIN	C/O BISHOP EL SHEPPABD 1815-EEM-ST POI BOX USS OUINCY FL 32361- 32352					3. Date Incorporated or Qualified 09/26/1997 4 (FEI Number		——————————————————————————————————————	pplied For	
				· · · · · · · · · · · · · · · · · · ·			•				7.	lot Applicable	
2. Principal Place of Business				2a. Mailing Address 26					5. Certificate of Status Desired			Additional lequired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.00		
City & State				City & State					Trust Fund Contribution  7. Is this nonprofit corporation a ho	<u> </u>	Added to		
23			28							ns associatio ☐ No	יוזכ		
Zip	' <del>  - 1</del>		<del></del>	<del></del>		Country			B. This corporation owes or has pa				
24	9. Name	and Address of (	29   Current Registe	red Agent	[30]				Personal Property Tax due June  10. Name and Address of New Re			□ No	
<b></b>	9, 140110	una radiood or v	out on thousand	iou Agoin	8	ı	Name		TO. Name and Address of New He	Bie (el ed	Agent		
SHEPP	ARD, E L				8:			1.1	(D C D P)				
1815 ELM ST							Street Ad	ares	s (P.O. Bo <b>. Nimber H.Npt Appariza</b> -04/29/	M3.	789;	T	
QUINC	Y FL 32351				8:	3			*****6	<del>יטרייטי</del> ראל ו	**************************************	1000	
					84	1	City				85 Zip	Code	
11. Pursuant	to the provisi	ions of Sections 61	7 0502 and 617	1508 Florida Statut	es the abo		namad co	VOOR 6	ation cultivate this statement for the	<u> </u>	a boosine i	to reciptored	
office or	registered ag	ent, or both, in the	State of Florida	Such change was a Section 617.0503, Flo	outhorized b	y 1	the corpor	ration	ation submits this statement for the pair is board of directors. I hereby accept	of the app	oointment as	registered	
SIGNATURE		in, and accept the	obligations of, a	Section 617.0503, Fit	ภาบส อเสเนเ	18.							
	Signature, typed	or printed name of registe			E: Registered A	jent	t signature req	quired v	when reinstating)	DATE			
12.	108 ·		RS AND DIRECT		13.			-AA .	ADDITIONS/CHANGES TO OFFICE	ERS AN			
TITLE NAME	PRESS	en she	انصابات	☐ DELETE	1.1 TITLE			FK (	SHOP GL. SHOPPARD		L Change	☐ Addition	
STREET ADORESS	10.5	Elm 57	רייות ר		1.2 NAME 1.3 STREE			)	15 2 lm 87.				
CITY-ST-ZIP	BUING	y. 17.1	32351		1.4 CITY-					353	ĺ		
TITLE	WEMS	ATT V/:	for	DELETE	2.1 TITLE	<u>v.</u>		7	() 157	<del>- y</del>	☐ Change	Addition	
NAME Y	HARV	EY BRY	AN_		2.2 NAME								
STREET ADDRESS	1100	1. 1. 22 j	H TER.	4 20ml 44.	2.3 STREE	T AE	DORES\$						
CITY-ST-ZIP	BORT	LAUDER	DALE, H	2, 3331) <del>-44</del> 4	2.4 CITY 3.1 TITLE	ST-	- ZIP				F1 0h	1 4 4 200	
NAME D	Chro	rea Tem		Deterie	3.7 TITLE				•		Change	L_ Addition	
STREET ADDRESS	2105		ME				DDRESS						
CITY-ST-ZIP	WILLTON HAVEN, 7						-ZIP						
TITLE N	MEMB	en oice	colon .	☐ DELETE	4.1 TITLE						☐ Change	Addition	
NAME	TOMM	Y WGOTSO	24 N/A		4. 2 NAMI								
STREET ACORESS CITY-ST-ZIP	P.Q. E	0× 1208	学"	74-2687	4.3 STREE								
TITLE	MEMB	residu	TUI DT	DELETE	4.4 CITY - 5.1 TITLE	\$1-7	ZIP				Change	Addition	
NAME	JoH4		D		5.2 NAME								
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CITY-ST-ZIP	oela	noo, Flo	EIDH 35	811-3802	5.4 CITY-	ST-2	ZIP						
TITLE	MEMB	کمالی مهیران بر مسید	MON	L_ DELETE	6.1 TITLE				,		Change	Addition	
NAME	100	TT SHEP	עביידיין		6.2 NAME				SL U-	n 17-1	98		
STREET ADDRESS	(8)	100100	书 2-	312-1579	6.3 STAEE				1 U-	20	, –		
CITY-ST-ZIP	TO THE P	7 77 775 6	14.26	20-10-17	6.4 CITY	<u> </u>	LIP						

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, ot on an attachment with an address.