

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90008 006 \*\*\*\*70.00

DOCUMENT # N98000002953

Corporation Name

RIGHT ASSOCIATIONS CENTER INC.

Principal Place of Business  
RT 1 BOX 110  
CLARKSVILLE FL 32430

Mailing Address  
RT 1 BOX 110  
CLARKSVILLE FL 32430

614157 - 90008 - 5 7 \*



|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| Principal Place of Business                             |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>05/20/1998   |  |
| Suite, Apt. #, etc.                                     |  | Suite, Apt. #, etc. |  | 4. FEI Number<br>59-3509797   |  |
| City & State  |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip   |  | Zip                 |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| Country   |  | Country             |  |   |  |
| 9. Name and Address of Current Registered Agent         |  |                     |  | 10. Name and Address of New Registered Agent  |  |
| COOLEY, BRIAN W<br>RT 1 BOX 110<br>CLARKSVILLE FL 32430 |  |                     |  | 81. Name  |  |
|   |  |                     |  | 82. Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |  |                     |  | 83.   |  |
|   |  |                     |  | 84. City  |  |
|   |  |                     |  | 85. Zip Code  |  |

I, 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

| OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|------------------------|---------------------------------|---|--|
| 1. NAME                | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. STREET ADDRESS      |                                 | 1.2 NAME  | P BRIAN COOLEY   |
| 3. CITY-ST-ZIP         |                                 | 1.3 STREET ADDRESS                                    | RT 1 BOX 110   |
| 4. NAME                | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       | CLARKSVILLE FL 32430   |
| 5. STREET ADDRESS      |                                 | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6. CITY-ST-ZIP         |                                 | 2.2 NAME  | V RILEY ADAMS  |
| 7. NAME                | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    | RT 3 BOX 205   |
| 8. STREET ADDRESS      |                                 | 2.4 CITY-ST-ZIP                                       | ALTA, FL 32421   |
| 9. CITY-ST-ZIP         |                                 | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME               | <input type="checkbox"/> DELETE | 3.2 NAME  | S JUDY COOLEY  |
| 11. STREET ADDRESS     |                                 | 3.3 STREET ADDRESS                                    | RT 1 BOX 110   |
| 12. CITY-ST-ZIP        |                                 | 3.4 CITY-ST-ZIP                                       | CLARKSVILLE FL 32430   |
| 13. NAME               | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 14. STREET ADDRESS     |                                 | 4.2 NAME  | T SUELLA McMILLIAN   |
| 15. CITY-ST-ZIP        |                                 | 4.3 STREET ADDRESS                                    | P.O BOX 40   |
| 16. NAME               | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       | BLOUNTSTOWN FL 32424   |
| 17. STREET ADDRESS     |                                 | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 18. CITY-ST-ZIP        |                                 | 5.2 NAME  | TR BERT RANDOLPH   |
| 19. NAME               | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS                                    | 1416 NE 14R TERRACE  |
| 20. STREET ADDRESS     |                                 | 5.4 CITY-ST-ZIP                                       | GNSUL, FL 32601  |
| 21. CITY-ST-ZIP        |                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME               | <input type="checkbox"/> DELETE | 6.2 NAME  | TR EMDRY GODWIN  |
| 23. STREET ADDRESS     |                                 | 6.3 STREET ADDRESS                                    | RT 1 BOX 281   |
| 24. CITY-ST-ZIP        |                                 | 6.4 CITY-ST-ZIP                                       | BLOUNTSTOWN FL 32424   |

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:

Brian W Cooley REBRIANWDCOOLEY 9/6/99 (850) 674-4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)