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 # N9800002953

. Corporation Name

RIGHT ASSOCIATIONS CENTER INC.

'rincipal Place of Business

RT 1 BOX 110 CLARKSVILLE FL 32430 Mailing Address

RT 1 BOX 110

CLARKSVILLE FL 32430



61415⁴ - 90008 - 5 7 *

City & State City & State 28									
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Principal Place of Business			2a. Mailing Address					
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S. Name and Address of Current Registered Agent COOLEY, BRIAN W RT 1 BOX 110 CLARKSVILLE FL 32430 B3 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 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 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 617.0502, Florida Statutes. GNATURE Signature, Typed or printed name of registered agent and site if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 EET ADDRESS 1.1 TITLE P	Zip I			_	Juntry				
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUBJING OFFICER OR DIRECTOR

9/6/99 (850) 674-45/

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