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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N98000004798

1. Corporation Name
FRIENDS OF HANOVER, INC.

Principal Place of Business
 5032 N.W. 40TH STREET
 LAKE PANASOFFKEE FL 33538

Mailing Address
 5032 N.W. 40TH STREET
 LAKE PANASOFFKEE FL 33538

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/20/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3529096
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRYANT, THOMAS J 114 N TENNESSEE AVE., STE. 202 LAKELAND FL 33801		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGILVE, ALEX III	1.2 NAME	
STREET ADDRESS	P.O. BOX 1070 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	1.4 CITY-ST-ZIP	
TITLE	1STV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, TERRY	2.2 NAME	
STREET ADDRESS	5032 N.W. 40TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	2.4 CITY-ST-ZIP	
TITLE	2NDV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, THOMAS	3.2 NAME	
STREET ADDRESS	P.O. BOX 58	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34451	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIHOSKI, KAREN	4.2 NAME	
STREET ADDRESS	33917 LINDA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, THOMAS CPA	5.2 NAME	
STREET ADDRESS	P.O. BOX 508	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, 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: THOMAS J. BRYANT **SIGNATURE REQUIRED** Thomas J. Bryant 1-19-99 (941) 682-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)