

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🧳

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # 764931	(2)			
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Principal Place	e of Business	Mailing Address			REL ORALI MIRIT MIRIT ALBEI 1881
820 N. FRANKF	ORT AVE.	820 N. FRANKFORT AVE.		9. Data Incorporated or Qualified	
P.O. BOX 592 P.O. BOX 592			3. Date Incorporated or Qualified		
<b>DELAND</b> FL 32721-7592		DELAND FL 32721-7592		09/09/1982 4. FEI Number	Applied For
				59-2149563	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address	·····		\$8.75 Additional
21		26		Certificate of Status Desired	Fee Required
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowner	
23	T Country	28	0		□ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Current		90	Personal Property Tax due June 30.  10. Name and Address of New Registered	
81 Name					
CHATTLEMENT HARDY					
SMITHWICK, MARY 286 DESOTO			82 Street	Address (P.O. Box Number is Not Acceptable)	
DELEON SPRINGS			83		
DELEON SPRINGS FL 32730					
DECLO	OF THIRDS FE DEFOU		84 City	FL	85 Zip Code
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	of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was au- tions of, Section 617,0503. Flori	thorized by the corp da Statutes	poration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE _	and descripting the congar	10.10 01, 0001.017 017 10000, 11011	da diaidibo.		
SIGNATURE _	Signature, typed or printed name of registered agent	I and title if applicable (NOTE	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 THLE	PO -	Addition
NAME	BOWEN, ANDY		1.2 NAME	WANET MCFARLANE	
STREET ADDRESS	403 RYLAND ST.		1.3 STREET ADDRESS	721A East Michigan	
CITY-ST-ZIP	DELEON SPRINGS FL	T profite	1.4 CITY - ST - ZIP	PD UNNET MCFARLANE 72/A East Michigan Do Sand FL 32724	- Addition
TITLE	SD ADAMO NAMOV	☐ DELETÉ	2.1 TITLE	ganie Owens	Addition
NAME	ADAMS, NANCY		2.2 NAME	90Bx 55 N/A	
STREET ADDRESS	2317 S VOLUSIA AVE S44 ORANGE CITY FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Cassadaga FL 32706	
CITY-ST-ZIP TITLE	VPD	DELETE	3.1 TITLE	VPD	Addition
NAME	SHEPARD, KATHIE		3.2 NAME	dame	
STREET ADORESS	204 S MASSACHUSETTS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL.		3.4. CITY+ST-ZIP		
TITLE	10	DELETE	4.1 TITLE	T 17-10	Addition
NAME I	DILLMAN, ANDREW		4. 2 NAME	Some	
STREET ADDRESS	510 W WISCONSIN AVE		4.3 STREET ADDRESS	Jorne .	
CITY-ST-ZIP	ORANGE CITY FL		4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		20/0
STREET ADDRESS			5.3 STREET ADDRESS		7 6/1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition
NAME	·		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	0	2012E
CITY-ST-ZIP			6.4 CITY - ST - ZIP	Je y	フィ クィング

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 dentify 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.

**FILED** 

May 20 1998 8:00am

Secretary of State