FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:11

DOCUMENT # 707025 (3)

1. Corporation Name
THE FLORIDA STATE DEMOLAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9682 134TH STR NO SEMINOLE FL 34646 US	P.O. BOX 1184 LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1964
3a. Date of Last Report: 09/02/1994
4. FEI Number: 59-1271058 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WARDELL, W. GORDON
9682 134TH STR NO
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D ☐ Change ☒ Addition
NAME	MARTI, WILLIAM A	1.2 NAME	RUSSELL GLENDINNING
STREET ADDRESS	5509 VAN BUREN STREET	1.3 STREET ADDRESS	2915 BUCIDA DRIVE
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HUNT, G LAWRENCE	2.2 NAME	JACQUE COUTURE
STREET ADDRESS	1814-B LANDING DR.	2.3 STREET ADDRESS	5318 AUDREA BLVD
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, RONALD	3.2 NAME	
STREET ADDRESS	4707 DANDELION DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	WARDELL, GORDON	4.2 NAME	
STREET ADDRESS	9682 134TH STR NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, WILLIAM R	5.2 NAME	
STREET ADDRESS	1388 GALLINUE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BLANTON, ZEB E.,JR.	6.2 NAME	
STREET ADDRESS	103 GUM ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: W Gordon Wardell 2-10-95 813-593-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007330