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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:33

DOCUMENT # 709573 (0)

1. Corporation Name

CIRCLE M RANCHETTES RECREATION AND BEAUTIFICATIO N ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11821 N. CIRCLE M AVE P. O. BOX 1493 DUNNELLON FL 34430	11821 N. CIRCLE M AVE P. O. BOX 1493 DUNNELLON FL 34430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1965
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2603438 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

ELLERMAN, VIRGINIA
10410 N PARKWOOD AVE
DUNNELLON FL 34433

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	☐ Change ☐ Addition
NAME	KELLEY, CHESTER	1.2 NAME	
STREET ADDRESS	10940 N. MANHATTAN POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34433	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, WOLFORD	2.2 NAME	
STREET ADDRESS	10397 N. RANCH HAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HAZARD, AUTUMN	3.2 NAME	
STREET ADDRESS	11016 N. RIVERBEND RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34433	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LUTES, LYDIA	4.2 NAME	
STREET ADDRESS	10981 N. CIRCLE M AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODLING, JUTTA	5.2 NAME	
STREET ADDRESS	11740 N. FARMWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COX, LILLIAN	6.2 NAME	
STREET ADDRESS	5940 W. OAKHILL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON 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: Lydia Lutes - LYDIA LUTES 3-21-95 904-489-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pres.

0064702