

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

000001762620  
-03/29/96--01042--017  
\*\*\*\$61.25

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 11821 N. CIRCLE M AVE  
P. O. BOX 1493 P. O. BOX 1493  
DUNNELLON FL 34430 DUNNELLON FL 34430

3. Date Incorporated or Qualified 09/10/1965 3a. Date of Last Report 03/24/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2603438 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ELLERMAN, VIRGINIA  
10410 N PARKWOOD AVE  
DUNNELLON FL 34433~~

81 Name  
82 Street  
83  
84 City  
85 Zip Code  
FL

Barry R. Allen  
10099 N. Camee Point  
Dunnellon, FL 34433

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 *Barry R. Allen* BARRY R. ALLEN 3-25-96  
Signature, typed or printed name of registered agent or director if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, CHESTER	
STREET ADDRESS	10940 N. MANHATTAN POINT	
CITY - ST - ZIP	DUNNELLON FL 34433	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, WOLFORD	
STREET ADDRESS	10397 N. RANCH HAND AVE	
CITY - ST - ZIP	DUNNELLON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAZARD, AUTUMN	
STREET ADDRESS	11016 N. RIVERBEND RD.	
CITY - ST - ZIP	DUNNELLON FL 34433	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUTES, LYDIA	
STREET ADDRESS	10981 N. CIRCLE M AVE	
CITY - ST - ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODLING, JUTTA	
STREET ADDRESS	11740 N. FARMWOOD AVE	
CITY - ST - ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, LILLIAN	
STREET ADDRESS	5940 W. OAKHILL ST	
CITY - ST - ZIP	DUNNELLON FL	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bobby Yaws, President
13 STREET ADDRESS	11525 N. Circle M. Avenue Dunnellon, FL 34433
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Woody Foster, Vice President
23 STREET ADDRESS	10397 N. Ranchhand Road Dunnellon, FL 34433
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Carol Allen, Secretary
33 STREET ADDRESS	10099 N. Camee Point Dunnellon, FL 34433
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Sue Troy, Treasurer
43 STREET ADDRESS	5930 W. Knoxville Lane Dunnellon, FL 34433
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Steve Braglin, Director
53 STREET ADDRESS	5404 W. Oak Hill Street Dunnellon, FL 34433
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Gary Carpenter, Director
63 STREET ADDRESS	3954 W. Woodlawn Street Dunnellon, FL 34433
64 CITY - ST - ZIP	
71 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
72 NAME	George Clyburn, Director
73 STREET ADDRESS	10379 N. Circle M Avenue Dunnellon, FL 34433
74 CITY - ST - ZIP	
81 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
82 NAME	Bill Gynan, Director
83 STREET ADDRESS	4015 W. Woodlawn Street Dunnellon, FL 34433
84 CITY - ST - ZIP	
91 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
92 NAME	Chel Kelley, Director
93 STREET ADDRESS	10940 N. Manhattan Point Dunnellon, FL 34433
94 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the information indicated on this annual report or supplemental annual report is true and correct; 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: *Bobby Yaws* 2-27-96 3572-489-2191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)