

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716469 (2)

1. Corporation Name

FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10 PARACHUTE KEY #51  
~~PO BOX 279~~ delete  
HOMESTEAD FL 33034  
US

10 PARACHUTE KEY # 51  
~~PO BOX 279~~ delete  
HOMESTEAD FL 33034  
US

3. Date Incorporated or Qualified: 04/29/1969  
3a. Date of Last Report: 02/06/1995  
4. FEI Number: 59-0916076  
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  
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIVEN, BERYL M  
% FLORIDA NATIONAL PARKS & MON ASSN  
10 PARACHUTE KEY #51  
HOMESTEAD FL 33034

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, CAULION	
STREET ADDRESS	15840 SW 283 ST 37 NW 1st.	
CITY-ST-ZIP	HOMESTEAD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSEN, THOMAS M.	
STREET ADDRESS	487 N. KROME AVE. 144 N. KROME AVE.	
CITY-ST-ZIP	HOMESTEAD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, EDWARD JR.	
STREET ADDRESS	330 PROVIDENCE RD	
CITY-ST-ZIP	ATHENS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, ROGER	
STREET ADDRESS	896 HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPRUNT, ALEXANDER	
STREET ADDRESS	102 MOHAWK	
CITY-ST-ZIP	TAVERNIER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPINELLI, FRANK DDS	
STREET ADDRESS	83 NW 8 ST	
CITY-ST-ZIP	HOMESTEAD FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE BROWN	
1.3 STREET ADDRESS	4451 BUCKINGHAM CIRCLE	
1.4 CITY-ST-ZIP	DECATUR, GA 30035	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. W. DEMILLY III	
2.3 STREET ADDRESS	447 N KROME AVE	
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DR GORDON HUBBELL	
3.3 STREET ADDRESS	150 BUTTONWOOD DR	
3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DR ROBERT L. KELLEY	
4.3 STREET ADDRESS	UNIV OF MIAMI, PO BOX 249085	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33124	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEANNE PARKS	
5.3 STREET ADDRESS	KORESHAN STATE HISTORIC SITE, BOX 7	
5.4 CITY-ST-ZIP	ESTERO, FL 33928	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALD STACK	
6.3 STREET ADDRESS	6385 ROCKLAND ROAD	
6.4 CITY-ST-ZIP	LITHONIA, GA 30058	

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)(k), 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: *Caution Singletary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305-247-1216  
Date Daytime Phone #

CR2E037 (12/95)