

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 # 750435 (0)

1. Corporation Name

FLORIDA GROUND WATER ASSOCIATION, INC.

Principal Place of Business

**332 W. CENTRAL AVE.
PO B 1519
WINTER HAVEN FL 33880-2960**

Mailing Address

**332 W. CENTRAL AVE.
PO B 1519
WINTER HAVEN FL 33880-2960**



3. Date Incorporated or Qualified

12/31/1979

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOZER, DAVID
332 W. CENTRAL AVE.
P.O. BOX 1519
WINTER HAVEN FL 33880**

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 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 12

TITLE **VD** ☐ DELETE
NAME **PARTRIDGE, PAT**
STREET ADDRESS **4744 COLLINS RD.**
CITY-STATE-ZIP **ORANGE PARK FL**

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

Same

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE **TD** ☒ DELETE
NAME **SMITH, TRACY**
STREET ADDRESS **11749 US 1 N**
CITY-STATE-ZIP **JACKSONVILLE FL**

2.1 TITLE

STD

☐ Change ☒ Addition

2.2 NAME

Crosby Jr., Griffin

2.3 STREET ADDRESS

Crosby Well Drilling

2.4 CITY-STATE-ZIP

Lake Wales, FL 33853

TITLE **SD** ☐ DELETE
NAME **HARDWICKE, ALLEN**
STREET ADDRESS **42132 N. HWY 19**
CITY-STATE-ZIP **LUTZ FL**

3.1 TITLE

VD

☒ Change ☐ Addition

3.2 NAME

Same

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **ROBERTS, DOROTHY L.**
STREET ADDRESS **5006 N RENELLIE DR**
CITY-STATE-ZIP **TAMPA FL**

4.1 TITLE

D

☒ Change ☐ Addition

4.2 NAME

Same

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **MERIDITH, DANNY**
STREET ADDRESS **5654 N APOPKA-VINELAND**
CITY-STATE-ZIP **ORLANDO FL**

5.1 TITLE

D

☐ Change ☒ Addition

5.2 NAME

Smith, Wayne

5.3 STREET ADDRESS

Custom Drilling

5.4 CITY-STATE-ZIP

Lakeland, FL 33809

TITLE **PD** ☐ DELETE
NAME **MYERS, TIM**
STREET ADDRESS **230 NE 16 AVE**
CITY-STATE-ZIP **GAINESVILLE FL**

6.1 TITLE

PPD

☒ Change ☐ Addition

6.2 NAME

Same

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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:

Griffin Crosby, Jr.

GRIFFIN CROSBY, JR.

3/4/96

(813) 293-5710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)