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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **764401** **(6)**

1. Corporation Name
REGION NO. 16 OF AFTCA, INC.

Principal Place of Business	Mailing Address
5549 BAY MEADOWS DR MILTON FL 32583 US	5549 BAY MEADOWS DR MILTON FL 32583 US

3. Date Incorporated or Qualified: 08/03/1982

4. FEI Number: 59-2215732 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

HINSON, ROBERT D.
5549 BAY MEADOW DR.
MILTON FL 32583

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERS, RAY B.		1.2 NAME		
STREET ADDRESS	118 NORTHSIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDARTOWN GA 30125		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOORE, BUD		2.2 NAME		
STREET ADDRESS	105 CHANTCLAIRE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	BONNER, BOB		3.2 NAME	David McNeil	
STREET ADDRESS	RT 4, BOX 59		3.3 STREET ADDRESS	16552 Boothtown Rd.	
CITY-ST-ZIP	ATMORE AL		3.4 CITY-ST-ZIP	Buhl, AL 35446	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINSON, ROBERT D.		4.2 NAME		
STREET ADDRESS	5549 BAY MEADOWS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPEAR, BRIAN S.		5.2 NAME		
STREET ADDRESS	P.O. BOX 5190 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36103		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	LEE, W. JOHN		6.2 NAME	Laran Copeland	
STREET ADDRESS	212 SAVANNAH AVE.		6.3 STREET ADDRESS	1031 Speir Road	
CITY-ST-ZIP	STATESBORO GA		6.4 CITY-ST-ZIP	Bronwood, GA 31726	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: [signature] Robert D. Hinson 4/15/98 (850)626-7959