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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790684 (5)

1. Corporation Name

NATIONAL WATERMELON ASSOCIATION, INC.

Principal Place of Business

406 RAILROAD ST.
MORVEN GA 31638

Mailing Address

P.O. BOX 38
MORVEN GA 31638-0038
US3. Date Incorporated or Qualified
06/12/19673a. Date of Last Report
05/01/1996

4. FEI Number

58-0551994

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD JR., W R
3825 SOUTH FLORIDA AVENUE
(SOUTH LOOP DRIVE)
LAKELAND FL 33803

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 CD
NAME SMITH, THOMAS A.
STREET ADDRESS HWY. 80 WEST
CITY - ST - ZIP LABELLE FL☐ DELETE1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☒ Change ☐ AdditionTITLE VD
NAME MACK, ARNOLD
STREET ADDRESS HWY 60 E BOX 26889
CITY - ST - ZIP LAKE WALES FL☐ DELETE2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☒ Change ☐ AdditionTITLE D
NAME PRICE, BRUCE D.
STREET ADDRESS HWY. 281 SOUTH
CITY - ST - ZIP HINTON OK☒ DELETE3.1 TITLE VD
3.2 NAME Greg Leger
3.3 STREET ADDRESS 126 Seedling Dr.
3.4 CITY - ST - ZIP Cordele, GA 31015☐ Change ☒ AdditionTITLE PD
NAME FIELD, ANITA
STREET ADDRESS 711 S. 6TH ST.
CITY - ST - ZIP VINCENNES IN☐ DELETE4.1 TITLE CD
4.2 NAME
4.3 STREET ADDRESS 715 S. 6th St.
4.4 CITY - ST - ZIP 47591☒ Change ☐ AdditionTITLE EST
NAME CHILDERS, NANCY Y.
STREET ADDRESS 406 E/S RAILROAD ST.
CITY - ST - ZIP MORVEN GA☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE VD
NAME ZAFERIS, JAMES E.
STREET ADDRESS 1811 SACRAMENTO ST.
CITY - ST - ZIP LOS ANGELES CA☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 1111 S. Mateo St.
6.4 CITY - ST - ZIP 90021☒ Change ☐ Addition

14. I do 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: *Nancy Y. Childers* 4-28-97 912-775-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075708

CR2E037 (9/96)