

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

DOCUMENT # **N38003** (2)

1. Corporation Name
MAASAI SPECIAL PROJECTS FUND, INC.



Principal Place of Business: %KERRY M WILSON, 141 5TH ST NW #300, WINTER HAVEN FL 33681
Mailing Address: %KERRY M WILSON, 141 5TH ST NW #300, WINTER HAVEN FL 33681

3. Date Incorporated or Qualified: **05/03/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0216787**
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: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**WILSON, KERRY M.
141 5TH ST. NW #300
WINTER HAVEN FL 33681**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRANG, FRED FOY REV.	1.2 NAME	JEFF BLACK
STREET ADDRESS	577 MARTIN LANE	1.3 STREET ADDRESS	1215 HICKMAN ROAD
CITY-ST-ZIP	AUGUSTA GA	1.4 CITY-ST-ZIP	AUGUSTA, GA 30904
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANG, SHORTER T SR	2.2 NAME	STRANG, SHORTER T SR
STREET ADDRESS	1329 N LAKE OTIS DR SE	2.3 STREET ADDRESS	1329 N LAKE OTIS DR. SE
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	F/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GINGER A.	3.2 NAME	FORT, ROBERT
STREET ADDRESS	1190 ORANGE AVE.	3.3 STREET ADDRESS	415 WILLOW OAK CT.
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	FOOT MEADE, FL 33841
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, MORGAN	4.2 NAME	BATES, JAYNE VARN
STREET ADDRESS	P. O. BOX 900 N/A	4.3 STREET ADDRESS	TRASK ROAD
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	FOOT MEADE, FL 33841
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, RUTH	5.2 NAME	STRANG, FRED FOY DR.
STREET ADDRESS	6547 CHINABERRY DR NE	5.3 STREET ADDRESS	2263 MAGAN'S OCEAN WALK
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANG, CECILY	6.2 NAME	STRANG, CECILY
STREET ADDRESS	577 MARTIN LANE	6.3 STREET ADDRESS	2263 MAGAN'S OCEAN WALK
CITY-ST-ZIP	AUGUSTA GA	6.4 CITY-ST-ZIP	VERO BEACH, FL 32963

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 in an attachment with an address.

SIGNATURE: *Fred Foy Strang* **FRED FOY STRANG** 4-3-96 (407) 778-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)