

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:08

DOCUMENT # N40213 (3)

1. Corporation Name
FLORIDA DISABLED OUTDOORS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% DAVID C. JONES 2213 TALLAHASSEE DRIVE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified **10/04/1990** 3a. Date of Last Report **04/25/1994**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

23 Zip Country 28 Zip Country

8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
**JONES, DAVID C.
2213 TALLAHASSEE DRIVE
TALLAHASSEE FL 32308**

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

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	JONES, DAVID C.
STREET ADDRESS	2213 TALLAHASSEE DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DV
NAME	FARBEN, RICK
STREET ADDRESS	2208 HICKORY COURT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DST
NAME	CUNNINGHAM, CLINT
STREET ADDRESS	2000 N. MERIDIAN RD.#261
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	401 East Beach DR
2.4 CITY - ST - ZIP	St George Island FL 32328
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7024 Lake Basin
3.4 CITY - ST - ZIP	Tallahassee FL 32312
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(3)(b), 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: **David C Jones** *David C Jones* **6/20/95** **904 668-7323**

CR2037 (3/95)