

**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

6330

DOCUMENT # N92000000957 (2)

1. Corporation Name

MAINLANDS MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10161 - 49TH STREET NORTH  
PINELLAS PARK FL 34666

10161 - 49TH STREET NORTH  
PINELLAS PARK FL 34666

3. Date Incorporated or Qualified  
12/28/1992

3a. Date of Last Report  
03/01/1995

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

4. FEI Number  
59-3160435

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYBURN, LAURA J  
1968 BAYSHORE BLVD  
DUNEDIN FL 34698

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	P	<input type="checkbox"/> DELETE
NAME	BAGBY, HERSH	
STREET ADDRESS	4207 93RD TERR.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNOLLY, ETHEL	
STREET ADDRESS	3925 MAINLANDS BLVD.	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSSEAU, CLARA	
STREET ADDRESS	3576 97TH AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUGFFIELD, CLYDE (SKIP)	
STREET ADDRESS	9673 MAINLANDS BLVD. WEST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALLDORSON, GENE	
STREET ADDRESS	4163 100TH AVENUE	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ethel Connolly	
1.3 STREET ADDRESS	3925 Mainlands Blvd. E.	
1.4 CITY-ST-ZIP	Pinellas Park, FL. 34666	
2.1 TITLE	VP (First) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(Skip) Clyde Duffield	
2.3 STREET ADDRESS	9673 Mainlands Blvd.	
2.4 CITY-ST-ZIP	Pinellas Park, FL. 34666	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hersh Bagby	
3.3 STREET ADDRESS	9313 40th Way N.	
3.4 CITY-ST-ZIP	Pinellas Park, FL. 34666	
4.1 TITLE	VP (Second) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Connie Eller	
4.3 STREET ADDRESS	9639 41st Street	
4.4 CITY-ST-ZIP	Pinellas Park, FL. 34666	
5.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clara Rousseau	
5.3 STREET ADDRESS	3576 97th Avenue N.	
5.4 CITY-ST-ZIP	Pinellas Park, FL. 34666	
6.1 TITLE	500001750386	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/20/96--01007--002	
6.3 STREET ADDRESS	***61.25	
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 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:

*Clara Rousseau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 1996

Date

(813)573-8531

Daytime Phone

CR2E037 (12/95)