## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # N92000000957 (2)

1. Corporation	Name # INSZUUC	0000937 (2)			
' MAINLANDS MASTER ASSOCIATION, INC.					
Principal Place	e of Business	Mailing Address			0 fal 00 fal 00 fal 00 fal 18 60 fal 19
10161 - 49TH ST	TREET NORTH	10161 - 49TH STREET NORT	н		
PINELLAS PARK FL 34666 PINELLAS PARK FL 33782-3436					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/28/1992	03/19/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-3160435	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		39 0 100 433	Not Applicable  \$8.75 Additional
22	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24)	25	├─ <b>─</b> ┐ ' ├─	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24;	9. Name and Address of Current	1 - 1	,	10. Name and Address of New Re	www
			81 Name	Mahaal T D. 3	
RAYBURN, LAURA J 82 Street Addres				ddress (P.O. Box Number is Not Acceptab	P.A.
1968 BAYSHORE BLVD			4830	W. Kennedy Blvd.,	St. 985
DUNEDIN FL 34698			Une	Urban Centre	
			84 City	_	S5 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	ano 617.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the p	urpose of changing its registered
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  1. 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 of the statement of the provisions of Sections 617.0503, Florida Statutes.					
WICHTING		**************************************	.,		
12.	Signature, typed or printed name of register ager OFFICERS AND		Registered Agent signature re	aguired when reflist[[ing]] ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TITLE	Treasurer	Change & Addition
NAME	BAGBY, HERSH		1.2 NAME	Glen Peil	
STREET ADDRESS	4207 93RD TERR.		1.3 STREET ADDRESS	9823 - 36th Way	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	Pinellas Park, FL	33782
TITLE	P CONNOLLY ETHE	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRESS	CONNOLLY, ETHEL 3925 MAINLANDS BLVD.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TIFLE	Sacratari	Change Addition
NAME	ROSSEAU, CLARA		3.2 NAME	Secretary Dick Hahn	
STREET ADDRESS	3576 97TH AVE. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3.4. CITY-ST-ZIP	9149 - 42nd Lane Pinellas Park, FL	33782
TITLE	VD	DELETE	4.1 TITLE	•	Change Addition
NAME	DUGFFIELD, CLYDE (SKIP)	т	4. 2 NAME		
STREET ADDRESS	9673 MAINLANDS BLVD. WES PINELLAS PARK FL 34666	1	4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	S	DELETE .	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	HALLDORSON, GENE	*	5.2 NAME		
STREET ADDRESS	4163 100TH AVENUE		5.3 STREET ADDRESS		
CHTY-ST-ZIP	PINELLAS PARK FL 34666		5.4 CITY-ST-ZIP		
TATLE	VD	☐ DELETE	6.1 TITLE		Change Addition
NAME	ELLER, CONNIE		6.2 NAME		
STREET ADDRESS	9639 41ST ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666	with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio I am an oi	in indicated on this annual report or si	applemental annual report is tru the receiver or trustee empowe	ie and accurate and t red to execute this re	that my signature shall have the same lega port as required by Chapter 617, Florida S	l effect as if made under oath; that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNING OFFICER OF DIRECTOR

571-41

**FILED** 

Jan 27 1997 8:00am

Secretary of State