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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000005803 (2)**

1. Corporation Name

PWFCID, INCORPORATED

Principal Place of Business

**1048 ENNISON ST
GREEN COVE SPRINGS FL 32043**

Mailing Address

**1048 ENNISON ST
GREEN COVE SPRINGS FL 32043-2757**

3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

4. FEI Number

59-3290602

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

**TINNEY, MATTHEW JR
1048 ENNISON ST
GREEN COVE SPRINGS FL 32043**

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

TITLE **D** ☐ DELETE
NAME **WELCH, ROBERT H.**
STREET ADDRESS **3001 NAUTILUS RD**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **ST** ☐ DELETE
NAME **HAMPSHIRE, FELECIA**
STREET ADDRESS **508 FRANKLIN ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **C** ☐ DELETE
NAME **HENRY, MICHAEL**
STREET ADDRESS **703 MILL ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **T** ☐ DELETE
NAME **BATTLES, CHARLES**
STREET ADDRESS **407 PALM ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **T** ☐ DELETE
NAME **DOUGLAS, FRED**
STREET ADDRESS **PO BOX 742 N/A**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **T** ☐ DELETE
NAME **JOHNSON, ROBERT**
STREET ADDRESS **417 SHANNON ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)