FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90016 043 ****61.25

0069783

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

158156 · 90016 · 43

DOCUMENT # **N97000001610**

1. Corporation Name
JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.

Principal Place of Business	Mailing Address
IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436	IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3213394 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PONTON, IDA M
8350 E DERBY OAKS DR
FLORAL CITY FL 34436

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 Ida M. Ponton 3-10-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERGERSON, LYNN 8360 S. COVE ST. FLORAL CITY FL 34436	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Aux.President "D" Barbara Hatten 5941 S. Sundial Dr. Floral City, Fl. 34436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARSH, PATRICIA 11515 S. TURNER AVE. FLORAL CITY FL 34436	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Aux St. Vice President "D" Kelly Lybek 9631 S. Evans Inverness, Fl. 34452	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SUTPHIN, TAMMIE 11629 E. SALMON DR. FLORAL CITY FL 34436	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Aux Secretary Janet Lehnert "D" 9319 E. Finwood Ct. Inverness, Fl. 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PONTON, IDA M 8350 E. DERBY OAKS DR. FLORAL CITY FL 34436	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Aux Treasurer "D" Ida Ponton 8350 E. Derby Oaks Dr. Floral City, Fl. 34436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Ida M. Ponton SIGNATURE REQUIRED 3-10-99 1-352-637-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #