FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # N47315 (9)

1. Corporation Name

MUSE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 1320 MUSE FL 33935	RT. 1 BOX 1070 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 02/28/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BULLINGTON, FREIDA
RT. 1 BOX 1070
LABELLE FL 33935

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~FLINT, JOE~~	1.2 NAME	Ellen Beers	
STREET ADDRESS	~~RT. 1 BOX 1540~~	1.3 STREET ADDRESS	PO Box 1768 NA	
CITY-ST-ZIP	~~LABELLE FL 33935~~	1.4 CITY-ST-ZIP	LaBelle Fl 33935	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	GREER, JIM	2.2 NAME		
STREET ADDRESS	RT. 1 BOX 1080	2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	BULLINGTON, FREIDA	3.2 NAME		
STREET ADDRESS	RT. 1 BOX 1070	3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RYNNING, NORMAN	4.2 NAME		
STREET ADDRESS	RT. 1 BOX 2007	4.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MINIMI, TONY	5.2 NAME		
STREET ADDRESS	RT. 1 BOX 1840	5.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WALBOURNE, BARRY~~	6.2 NAME	Jim Arndt	
STREET ADDRESS	~~RT. 6 BOX 712~~	6.3 STREET ADDRESS	Rt. 1 Box 1542	
CITY-ST-ZIP	~~MOORE HAVEN FL 33471~~	6.4 CITY-ST-ZIP	LaBelle Fl 33935	

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: Freida J. Bullington — 18 Feb 95 — 813-675-1070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000388