

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N94000003313(3)  
 1. Corporation Name

**FLORIDA COMMUNITY LOAN FUND, INC.**

Principal Place of Business	Mailing Address
306 N. 20th Court Immokalee, FL 33934	P.O. Box 2414 Immokalee, FL 33934

3. Date Incorporated or Qualified July 5, 1994	3a. Date of Last Report April 28, 1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9700 Koger Blvd.	26 P.O. Box 22332	65-0545058	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite #308	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 St. Petersburg, FL	28 St. Petersburg, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24 33702	29 33742	30	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## 9. Name and Address of Current Registered Agent

Sr. Mary Heyser, RSHM  
 306 N. 20th Court  
 Immokalee, FL 33934

## 10. Name and Address of New Registered Agent

81 Name	N/A
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 N/A

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	C/D	<input type="checkbox"/> DELETE
NAME	Heyser, Mary Sis.	
STREET ADDRESS	306 20th Ct., Immokalee, FL 33934	
CITY - ST - ZIP		
TITLE	VC/D	<input type="checkbox"/> DELETE
NAME	Black, Nelson W., III	
STREET ADDRESS	214 N. Hogan St.	
CITY - ST - ZIP	Jacksonville, FL 32202	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Bauer, John G.	
STREET ADDRESS	1000 Pinebrook Road	
CITY - ST - ZIP	Venice, FL 34292-2006	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE XXX
NAME	Serrano, Romelia	
STREET ADDRESS	15716 SW 151st Street	
CITY - ST - ZIP	Indiantown, FL 34956	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	300001847653
33 STREET ADDRESS	-06/03/96--01031--012
34 CITY - ST - ZIP	***61.25
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S/D
43 STREET ADDRESS	Roth, Barbara J.
44 CITY - ST - ZIP	9995 N. Military Trail
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Palm Beach Gardens, FL
53 STREET ADDRESS	33410
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:** *Mary Heyser RSHM* Mary Heyser, RSHM 4-26-95 941-657-7636  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)