FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 706819

(0)

EL ODIDA INICTITLITE DE DA

FLORIDA INSTITUTE OF PARK PERSONNEL, INC.										
Principal Place	of Business	Mailing Address				A IAIN DIRFI D		I BIBII BIBII IBBI		
US 41 NORTH P O DRAWER G WHITE SPRINGS FL 32096		US 41 NORTH P O DRAWER G WHITE SPRINGS FL 32096								
					3. Date Incorporated or Qualified 02/11/1964	3a. Date of Last Report 03/29/1995				
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 10 90	0 5.R. 703	26 10900 5.R.7	03			59 -6 194362			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	×		5 Additional Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	O May Be	
23 NORT	4 PALM BEACH, FL	28 NORTH PALM	BEA	CHI	٢4	Trust Fund Contribution			d to Fees	
ZIP	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible t	ax under s.	199.032,	
24 334			10 L	15A)		Yes 🗶			
Name and Address of Current Registered Agent					la an a	10. Name and Address of New Registered Agent				
MCGBV.	TH, ELAINE				lame Jou	M ROBINSON				
RT 4 BOX 370				82 5	Street Addres	s (P.O. Box Number is Not Acceptab 5, R. 70,3	ie)			
18081 185TH RD					10 700	5,4. 705				
LIVE OAK EL 32080										
					N. PAL.	M BEACH	FL	85 Zip	p Code 3408	
 Pursuant for register 	to the provisions of Sections 617.0502 at ed agent, or both, in the State of Florida th, and accept the obligations of Section	nd 617.1508, Florida Statutes, f Such change was authorized t	the abo	ve-nam	ned corporation's board	on submits this statement for the purport directors. I hereby accept the appropriate the purport of directors are statement for the purport of directors.	pose of cha	anging its r	egistered office	
, and the second	th, and accept the obligations of, Section	617.0503, Florida Statutes.		•		,		_		
SIGNATURE	Sphature, typed or printed name of registered agent and	11tle ir aculicade (NOTE F		Anant sin	nature required w	Pool Gorden No.	6-	20-9	6	
12.	OFFICERS AND I		13.	Agent ag	natore respired w	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	BS IN 12	
TITLE	PD	DELETE	11] [LE	PK	RESIDENT 0		™ Change	Addition	
NAME	CALL, ERIC M		12 NA	ME	FA	eris, ramoy	'			
STREET ADDRESS	2700 6TH AVE S		13 ST	REET ADD	DRESS 118	& WKALEYSTREET				
CITY - ST - ZIP	LAKE WORTH FL		1.4 CIT	[Y-S[-Z	P 0	CLANDO, FL 3280	,			
TITLE	VD	DELETE	2 1 TIT	LE	PRE	CLANDO, FL 3290		Change	☐ Addition	
NAME	Ferris, randy		22 NA	ME	PHI	141PS, RANDY 00 G# AVES:				
STREET ADDRESS	118 W KALEY STREET		23\$1	REET ADD	RESS 2 74	00 G# AVES:				
CITY - ST - ZIP	ORLANDO FL		2 4 CI	TY - S1 - 2	IP LAK	E WORTH, FL 33	461			
TITLE	TD	DELETE	3 1 TIT	LE	TRE	ENORTH, FL 33		Change	☐ Addition	
NAME	MCGRATH, ELAINE		3.2 NA	ME		BINSON, JON M		-		
STREET ADDRESS	RT 4 BOX 370 18081 185TH RD)	3351	REET ADD	RESS JOS	100 5 R. 703				
CITY-ST-ZIP	LIVE OAK FL		3.4 CI	TY-ST-Z	P N.	PALM BEACH, FL 3	3468			
TITLE	S	DELETE	4 1 TIT	LE				Change	☐ Addition	
NAME	FOOKS, LARRY		4. 2 NA	ME		205 TAJGFORGE				
STREET ADDRESS	P O BOX 7 N/A		4.3 ST	REET ADD	RESS 309	9 MEDINA CIRCE			,	
CITY-ST-ZIP	ESTERO FL		4.4 CIT	Y - ST - ZII	LAI	KE WORTH, FL 3346	2			
TITLE		DELETE	5 1 TIT	LE				Change	☐ Addition	

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.

5 2 NAME

61 THLE

6.2 NAME

DELETE

5 3 STREET ADDRESS

6 3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

6-20-96 (407)624-6950
Daysme Prove #

☐ Change

Addition