

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709194 (5)
1. Corporation Name
THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
PO BOX 307 PO BOX 307
~~307 - 0400 - RD~~ ~~307 - 0400 - RD~~
WILLISTON FL 32696 WILLISTON FL 32696
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/22/1965 06/24/1994
4. FEI Number Applied For
59-2366073 Not Applicable
5. Certificate of Status Desired \$0.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. Nonprofit with IRS 501(c)(3) \$68.75 Supplemental
Tax Exempt Status Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASON, JAMES W JR
LEVY COUNTY RD 322 20750 E. Levy St.
PO BOX 307
WILLISTON FL 32696

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 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 PD
NAME WELLS, DAVE
STREET ADDRESS RT 4 BOX 1065
CITY-ST-ZIP WILLISTON FL
TITLE VD
NAME LOONEY, BILL
STREET ADDRESS RT 4 BOX 1375
CITY-ST-ZIP STARKE FL
TITLE VD
NAME MALPHURS, TOMMY
STREET ADDRESS RT 1 BOX 84
CITY-ST-ZIP ALACHUA FL
TITLE VD
NAME PROKETT, BILL
STREET ADDRESS PO BOX 298
CITY-ST-ZIP BARBERVILLE FL
TITLE STD
NAME CASON, JIM
STREET ADDRESS PO BOX 307 NY 20750 E. Levy St.
CITY-ST-ZIP WILLISTON FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/1/95 904-528-3101
DATE DAYTIME PHONE #