

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business Mailing Address  
**PO BOX 307  
2008 CAPRI RD  
WILLISTON FL 32696  
US**

3. Date Incorporated or Qualified **06/22/1965** 3a. Date of Last Report **03/23/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-2366073</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CASON, JAMES W JR 20750 E LEVY ST PO BOX 307 WILLISTON FL 32696</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, DAVE</b>	1.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 1065</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOONEY, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 1375</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STARKE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALPHURS, TOMMY</b>	3.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 84</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROKETT, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 298</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARBERVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASON, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>20750 E LEVY ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)