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

APPROVED AND FILED

95 APR 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709891** **(6)**

1. Corporation Name
ORMOND BEACH COMMUNITY FUND, INC.

Principal Place of Business	Mailing Address
164 W. GRANADA BLVD. ORMOND BEACH FL 32174-6304	164 W. GRANADA BLVD. ORMOND BEACH FL 32174-6304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1965**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-6164332** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

NUSE, THURMAN
3 ROCKY CREEK TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: Hedges, Richard L.
82 Street Address (P.O. Box Number is Not Acceptable): 61 Magnolia Avenue
83
84 City: Ormond Beach, FL 85 Zip Code: 32174

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: Richard L. Hedges, Treasurer — DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SIMKINS, ED.	12 NAME	
STREET ADDRESS	744 OAK DR. EAST	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	NUSE, THURMAN	22 NAME	Hedges, Richard L.
STREET ADDRESS	3 ROCKY CREEK TRAIL	23 STREET ADDRESS	61 Magnolia Avenue
CITY-ST-ZIP	ORMOND BCH FL	24 CITY-ST-ZIP	Ormond Beach, FL. 32174-8527
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	JACKSON, GENEVA	32 NAME	
STREET ADDRESS	263 JEFFERSON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	34 CITY-ST-ZIP	
TITLE	VC	41 TITLE	VC ☒ Change ☐ Addition
NAME	CLEMENS, JO ANN	42 NAME	Shaughnessy, Mary Co.
STREET ADDRESS	791 RIVER OAK DR.	43 STREET ADDRESS	P.O. Box 1717
CITY-ST-ZIP	ORMOND BCH FL	44 CITY-ST-ZIP	Ormond Beach, FL. 32175
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	GRAY, SADIE	52 NAME	Jackson, Geneva
STREET ADDRESS	572 N. RIDGEWOOD	53 STREET ADDRESS	263 Jefferson Street
CITY-ST-ZIP	ORMOND BCH FL	54 CITY-ST-ZIP	Ormond Beach, FL. 32174
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Richard L. Hedges, Treasurer 4/10/95 (904)676-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number

0000724