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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 709955 (9)

1. Corporation Name

FLORIDA'S CROSS AND SWORD, INC.



Principal Place of Business

Mailing Address

HIGHWAY A1A SOUTH
P. O. BOX 68
ST AUGUSTINE FL 32085

HIGHWAY A1A SOUTH
P. O. BOX 68
ST AUGUSTINE FL 32085-0068

3. Date Incorporated or Qualified
11/22/1965

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6138616

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALHOUN, EDWARD N
100 ARRIGOLA AVE.
ST AUGUSTINE FL 32084

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WELCH, BEN
STREET ADDRESS 5724 CROSSWINDS CR
CITY-ST-ZIP ST AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TUCKER, LEN
STREET ADDRESS P.O. BOX 1928 NA
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 223 S Matanzas Blvd
2.4 CITY-ST-ZIP 32084

TITLE PD ☐ DELETE
NAME ELLIS, CHARLES
STREET ADDRESS 28 CRAZY HORSE TRAIL
CITY-ST-ZIP ST AUGUSTINE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SIKES, NANCY
STREET ADDRESS POST OFFICE BOX 1882
CITY-ST-ZIP ST. AUGUSTINE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Highway A1A South
4.4 CITY-ST-ZIP 32084

TITLE D ☐ DELETE
NAME CRAIG, A H
STREET ADDRESS 7460 A1A S
CITY-ST-ZIP ST AUGUSTINE, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME CALHOUN, EDWARD N
STREET ADDRESS 8 MARILYN AVE
CITY-ST-ZIP ST AUGUSTINE, FL 00000

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 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

EDWARD N CALHOUN

6/4/97

324 824-2881

CR2E037 (9/96)