

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 11 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715228 (3)

1. Corporation Name:

FLORIDA BOYS RANCH FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1968	3a. Date of Last Report 03/22/1994
4. FEI Number 59-8212420	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 (3)(2), Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-2514		352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-2514	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	24	29
25	30		

9. Name and Address of Current Registered Agent

VARVEL, DOYLE
6010 SR-33
CLERMONT FL 32711

10. Name and Address of New Registered Agent

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 that of assessor)

(If 11. Registered Agent signature required when filing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY ST ZIP		13 STREET ADDRESS	
		14 CITY ST ZIP	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22 NAME	
CITY ST ZIP		23 STREET ADDRESS	
		24 CITY ST ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	
CITY ST ZIP		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	
CITY ST ZIP		43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
		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 110.07(2)(b), Florida Statutes. I further certify that the information included 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:

Doyle Varvel
DOYLE VARVEL

5-3-95

904-3446311

(Signature typed or printed name of signing officer or director)

Date

Telephone Number