


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 715228 (3) 1. Corporation Name FLORIDA BOYS RANCH FOUNDATION, INC. | | | | | |
| Principal Place of Business 352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-2514 | | | Mailing Address 352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-0635 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. 4. 5. Certificate of Status Desired <input type="checkbox"/> Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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 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 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 signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DS | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WINSHIP, BEVERLY | | 1.2 NAME | | |
| STREET ADDRESS | 5834 FOREST GROVE AVE | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | ORLANDO, FL 32808 | | 1.4 CITY - ST - ZIP | | |
| TITLE | DST | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOOPER, PATSY | | 2.2 NAME | | |
| STREET ADDRESS | 8 VIRGINIA CT. | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | ORANGE PARK FL | | 2.4 CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VARVEL, MARIE | | 3.2 NAME | | |
| STREET ADDRESS | 6010 SR-33 | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | CLERMONT, FL 32711 | | 3.4 CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VARVEL, DOYLE | | 4.2 NAME | | |
| STREET ADDRESS | 6010 SR-33 | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | CLERMONT, FL 32711 | | 4.4 CITY - ST - ZIP | | |
| TITLE | DST | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SKYLES, SANDRA | | 5.2 NAME | | |
| STREET ADDRESS | 352 WEST BROAD ST. | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | GROVELAND FL | | 5.4 CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 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 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:

DOYLE VARVEL
4-30-97

CR2E037 (9/96)