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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715228** (3)

1. Corporation Name

FLORIDA BOYS RANCH FOUNDATION, INC.



Principal Place of Business 352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-0635	Mailing Address 352 W. BROAD STREET PO BOX 635 GROVELAND FL 34736-0635
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3. Date Incorporated or Qualified

09/10/1968

4. FEI Number

59-6212420

Applied For

Not Applicable

2. Principal Place of Business

21 6010 SR 33

Suite, Apt. #, etc.

22

City & State

23 CLERMONT, FL

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 34736-0635

Country

30 LAKE

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARVEL DOYLE
6010 SR-33
CLERMONT FL 32711**

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 ☐ DELETE

NAME **DS**
STREET ADDRESS **WINSHIP, BEVERLY**
CITY-ST-ZIP **5834 FOREST GROVE AVE**
ORLANDO, FL 32808

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **HOOVER, PATSY**
CITY-ST-ZIP **8 VIRGINIA CT.**
ORANGE PARK FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **VARVEL, MARIE**
CITY-ST-ZIP **6010 SR-33**
CLERMONT, FL 32711

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **VARVEL, DOYLE**
CITY-ST-ZIP **6010 SR-33**
CLERMONT, FL 32711

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **SKYLES, SANDRA**
CITY-ST-ZIP **352 WEST BROAD ST.**
GROVELAND FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

Varvel Doyle

252-394-7624

CR2E037 (10/97)