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

FILED
95 FEB -6 PM 12:19

DOCUMENT # **716469** **(2)**

1. Corporation Name
FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SR 9336, S.W. PO BOX 279 HOMESTEAD, FL 33090-0279	SR 9336, S.W. PO BOX 279 HOMESTEAD, FL 33090-0279

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1969
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-0916076 ☐ 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	2a. Mailing Address
21 10 Parachute Key # 51	26 10 Parachute Key # 51
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Homestead, FL	28 Homestead, FL
24 Zip 33034 / 25 Country USA	29 Zip 33034 / 30 Country USA

9. Name and Address of Current Registered Agent

GIVEN, BERYL M
% FLORIDA NATIONAL PARKS & MON ASSN
10 PARACHUTE KEY #51
HOMESTEAD FL 33034

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETARY, CAULION	1.2 NAME	
STREET ADDRESS	15840 SW 283 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JACOBSEN, THOMAS M.	2.2 NAME	
STREET ADDRESS	437 N.KROME AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, EDWARD JR.	3.2 NAME	
STREET ADDRESS	330 PROVIDENCE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATHENS GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, ROGER	4.2 NAME	
STREET ADDRESS	890 HOMESTEAD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SPRUNT, ALEXANDER	5.2 NAME	
STREET ADDRESS	102 MOHAWK	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SPINELLI, FRANK DDS	6.2 NAME	
STREET ADDRESS	83 NW 8 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 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: Caulion Singletary 1 February 1995 247-1216
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CAULION SINGLETARY, Chairman of the Board

0040716