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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 717721

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Principal Place	of Business	Mailing Address			181 81811 8 1811 81811 81814 8181 81817 1881			
2928 JEFFERS P.O. BOX 130 MARIANNA FL		2928 JEFFERSON ST P.O. BOX 130 MARIANNA FL 32447						
					3. Date Incorporated or Qualified 12/10/1969	3a. Date of Last Report 04/05/1995		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-0344533	Not Applicable		
Suite, Apt #	t, etc.	Suite, Apt #, etc.			Certificate of Status Desired	\$8.75 Additional		
22	· · · · · · · · · · · · · · · · · · ·	27			o. Commence of Status Cooperation	Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Z _I p	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25	29	30					
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Re-	gistered Agent		
			6'	IName				
-	wendell H. Ferson St		82	Street Ad	dress (P.O. Box Number is Not Acceptable			
	NA FL 32446		83					
			84	City		85 Zip Code		
11. Pursuant to	o the provisions of Sections 617.0	502 and 617.1508, Florida Statute	es, the above-r	l named corp	oration submits this statement for the purp	ose of changing its registered office		
or registere familiar witi	ed agent, or both, in the State of F h, and accept the obligations of, S	eorida. Such change was authoriz Section 617.0503, Florida Statutes	ed by the corp :	oration's bo	ard of directors. I hereby accept the appoin	ntment as registered agent. I am		
SIGNATURE _	Signature, typed or printed harve of registered a	mont and the discount state (NO	II. Denvetoras Ana	at many at many source	ir ad when reinstating)	DATE		
12.		AND DIRECTORS	13.	it organization (ADDITIONS/CHANGES TO OFFIC			
TATLE	D	DELETE	1.1 TITLE		D	Change Addition		
NAME	BENTON, JANE		1.2 NAME		Jowers, Ed			
STREET ADDRESS	P.O. BOX 520		1.3 STREET	ADDRESS	4487 Lafayette St			
CITY-ST-ZIP	MARIANNA FL		1.4 CHTY-5	ST - ZIP	- Marianna, FL 32448			
TITLE	D	DELETE	21 TITLE		D	☐ Change ☐ Addition		
NAME	HARTSFIELD, IDUS		2 2 NAME		Milton, Howard			
STREET ADDRESS	3820 CAVERNS RD		2 3 STREET	ADDRESS	P O Box 936			
CITY - ST - ZIP	MARIANNA FL	F Oct. ETC.	2 4 CITY-	ST-ZIP	Marianna, FL 32447			
TATLE	D	DELETE	3 1 TIFLE		F	Change Addition		
NAME SIDEST ADODESS	LOCKEY, CHUCK		3.2 NAME	1000000	Long, William			
STREET ADORESS CITY-ST-ZIP	2864 MADISON ST		3 3 STREET		P O Box 550			
TITLE	Mariannia Fl D	₩ DEL E TE	3.4. CITY - 1 4.1 TITLE	51 - ZIP	Marianna, FL 32447	☐ Change ☐ Addition		
NAME	MELVIN, DAVID	X Diction	4 1 IIILE 4 2 NAME		D Bananala Mélan	Change El vanigati		
STREET ADDRESS	P.O. BOX 840		4 3 STREET		Peacock, Mike			
CITY - ST - ZIF	MARIANNIA FL		4.4 C/TY - S		P O Box 610			
TITLE		DELETE	5.1 TiTLE		Marianna, FL 32447 T	Change Addition		
NAME	WRIGHT, SHERYL	\wedge	5 2 NAME		•			
STREET ADDRESS	3595 INDUSTRIAL PARK D)R	5 3 STREET	ADDRESS	Edenfield, Cindy			
CITY - ST - ZIP	MARIANNIA FL		5.4 CHTY - S	ST - ZIF	P O Box 6047	,		
THELE	P	DELETE	6.1 THILE		Marianna, FL 32447	☐ Change ☐ Addition		
NAME	MILLER, STEVE		6 2 NAME		D Taulor Wondoll			
STREET ADDRESS	P.O. BOX 550		6 3 STREET	ADDRESS	Taylor, Wendell			
CITY-ST-ZIP	MARIANNA FL		6 4 CHTY - S	ST - ZIP	P O Box 130			
and a language								

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify to a supplied with the information supplied with this filling is voluntarily furnished and does not qualify to a supplied with 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:

Wender of 19 To SIGNATURE AND TYPED OR PRINTED NAME OFFSIGNING OFFICER OR DIRECTOR

30 JAN 96 904 482-806/