

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724531 (9)

1. Corporation Name

**DONA AND ROBERTS' BAYS ENVIRONMENTAL SOCIETY, IN
C.**

Principal Place of Business

Mailing Address

303 CHURCH STREET
LAUREL FL 34272
US

BOX 99
LAUREL FL 34272-0098
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1972** 3a. Date of Last Report **04/27/1994**

4. FEI Number **65-0127675** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **900 BAYVIEW DR.**

26 **900 BAYVIEW DR.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

NOKOMIS FL

NOKOMIS FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip

25 Country

29 Zip

30 Country

34275 USA

USA

34275 USA

USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESWORTHY, WALTR
303 CHURCH ST.
LAUREL FL 34272

81 Name **MARGIE RIGGLE**

82 Street Address (Box Number is Not Acceptable) **900 BAYVIEW DR.**

83

84 City **NOKOMIS, FL**

FL

85 Zip Code **34275**

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 *Walter H. Esworthy* **WALTER H. ESWORTHY** **4/24/95**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**
NAME **CARUSO, CARL**
STREET ADDRESS **305 SAN MARCO DR.**
CITY - ST - ZIP **VENICE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **STD**
NAME **ESWORTHY, WALTER**
STREET ADDRESS **303 CHURCH STREET, BOX 98**
CITY - ST - ZIP **LAUREL FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PDC**
NAME **NELSON, THOMAS**
STREET ADDRESS **1003 DONA WAY DR.**
CITY - ST - ZIP **NOKOMIS FL**

3.1 TITLE **DELETE** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **NORRIS, BJORK**
STREET ADDRESS **504 BUENA VISTA**
CITY - ST - ZIP **NOKOMIS FL**

4.1 TITLE **DELETE** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **RIGGLE, MARGIE**
STREET ADDRESS **311 BAY VIEW PARKWAY**
CITY - ST - ZIP **NOKOMIS FL 34275**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
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 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)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter H. Esworthy* **WALTER H. ESWORTHY** **4/24/95** **813-488-5019**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone #