

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **725688** (6)

1. Corporation Name

FLOTILLA 44, INCORPORATED



Principal Place of Business

Mailing Address

C/O W.J. HALL
P O BOX 261
ORMOND BCH FL 32175

C/O W.J. HALL
P O BOX 261
ORMOND BCH FL 32175

3. Date Incorporated or Qualified

03/01/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7346875

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**

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

**HALL, W. JAMES
56 CARROLWOOD CR
ORMOND BCH FL 32174**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
MABRY, EUGENIE G
5 RIVERDALE DR.
ORMOND BEACH FL 32174**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
ROBINSON, STUART A
134 BELLEWOOD AVE.
SOUTH DAYTONA FL 32119**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
TESTON, KARIN L
P.O. BOX 291031 N/A
PT. ORANGE FL 32129**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BAUM, GERALD E
1244 S. PENINSULA DR., #116
DAYTONA BEACH FL 32118**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
NIES, EDWIN R JR
P.O. BOX 771 N/A
ORMOND BEACH FL 32175**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RASMUSSEN, AUTHOR W
1016 DILLON CIR.
NEW SMYRNA BEACH FL 32168**

☐ DELETE

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

**T
HALL, W. JAMES
P.O. Box 261
ORMOND BEACH, FL 32174**

☐ Change

☐ Addition

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

**S
MCLELLAN, VIVIAN
935 NO. HALIFAX AVE.
DAYTONA BEACH, FL 32118**

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. James Hall

28 March 1996 904-672-4512

Date:

Daytime Phone #

CR2E037 (12/95)