

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

**APPROVED AND FILED**

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1995 MAY - 1 PM 1997

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 727944 (1)**

1. Corporation Name  
**FRIENDS OF MCINTOSH, INCORPORATED**

Principal Place of Business      Mailing Address

**MCINTOSH DEPOT  
MCINTOSH FL 32664**      **MCINTOSH DEPOT  
MCINTOSH FL 32664**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      29 Zip      30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

**11/05/1973**      **03/28/1994**

4. FEI Number      Applied For

**23-7376102**       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

9. Name and Address of Current Registered Agent

**HOPWOOD, MARY E.  
20630 FOURTH STREET  
MCINTOSH FL 32664**

10. Name and Address of New Registered Agent

81 Name      **PERRY, SHARON A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**21950 Hwy 441 N.**

83

84 City      **MCINTOSH**      FL      85 Zip Code      **32664**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: **SHARON A. PERRY**      **Sharon A. Perry**      **4-19-95**

Signature typed or printed name of registered agent and 199 applicable      NOTE: Registered Agent signature required when necessary      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>HOPWOOD, MARY E.</b>
STREET ADDRESS	<b>BOX 237 F AVE 7 4TH ST.</b>
CITY - ST - ZIP	<b>MCINTOSH, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>HOLST, MAXINE</b>
STREET ADDRESS	<b>20910 10TH STREET</b>
CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
TITLE	<b>VD</b>
NAME	<b>WILLIS, JEAN</b>
STREET ADDRESS	<b>20701 5TH STREET</b>
CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
TITLE	<b>RSD</b>
NAME	<b>HUSSEY, SUE O</b>
STREET ADDRESS	<b>6335 AVENUE G</b>
CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
TITLE	<b>CSD</b>
NAME	<b>STOTT, CHARLSIE</b>
STREET ADDRESS	<b>5620 AVENUE D</b>
CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
TITLE	<b>HD</b>
NAME	<b>HOOPER, JANET S</b>
STREET ADDRESS	<b>20672 THIRD ST.</b>
CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Perry, Sharon A.</b>
1.3 STREET ADDRESS	<b>Box 33-1 21950 Hwy 441 N.</b>
1.4 CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>70000 1473557</b>
2.4 CITY - ST - ZIP	<b>05/03/95--01108--018</b>
3.1 TITLE	<b>****61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>****61.25</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>RSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CLARK, SUE C</b>
4.3 STREET ADDRESS	<b>6335 AVENUE G</b>
4.4 CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
5.1 TITLE	<b>CSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Hopwood, MARY E</b>
5.3 STREET ADDRESS	<b>20630 Fourth St.</b>
5.4 CITY - ST - ZIP	<b>MCINTOSH FL 32664</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TAW</b>
6.3 STREET ADDRESS	<b>5-1-95</b>
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 110.07(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: **SHARON A. PERRY**      **Sharon A. Perry**      **4-10-95**      **904-591-2891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone No.

Friends of McIntosh, INC.  
P.O. Box 1890  
5570 AVENUE "G"  
McINTOSH FL 32664

Directors Page 2

H/D Charlsie Stott  
5620 AVENUE "D"  
McINTOSH FL 32664

D Holst, F. Bill  
20910 TENTH ST.  
McINTOSH FL 32664

D Hopwood, ERNEST  
20630 FOURTH ST.  
McINTOSH FL 32664

P/P/D McCollum GARY  
20903 NINTH ST.  
McINTOSH FL 32664