

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 # **727944** (1)
1. Corporation Name

FRIENDS OF MCINTOSH, INCORPORATED



300001823563
-05/15/96--01141--021

Principal Place of Business		Mailing Address	
MCINTOSH DEPOT MCINTOSH FL 32664		MCINTOSH DEPOT MCINTOSH FL 32664	

3. Date Incorporated or Qualified 11/05/1973	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 23-7376102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PERRY, SHARON A.
21950 HWY 441 N.
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

81 Name Margaret J. Willis
82 Street Address (P.O. Box Number is Not Acceptable) 20701 5th Street - P.O. Box H
83
84 City McIntosh
85 Zip Code FL 32664

14. 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 Margaret J. Willis (Signature, typed or printed name of registered agent and title (Applicable)) (NOTE: Registered Agent Signature required when registering.) DATE 04-20-96

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME PERRY, SHARON A.	
STREET ADDRESS BOX 351 21950 HWY 441 N.	
CITY - ST - ZIP MCINTOSH, FL 32664	
TITLE VP	<input type="checkbox"/> DELETE
NAME HOLST, MAXINE	
STREET ADDRESS 20910 10TH STREET	
CITY - ST - ZIP MCINTOSH FL 32664	
TITLE TD	<input type="checkbox"/> DELETE
NAME WILDIS, JEAN	
STREET ADDRESS 20701 5TH STREET	
CITY - ST - ZIP MCINTOSH FL 32664	
TITLE SD	<input type="checkbox"/> DELETE
NAME CLARK, SUE C	
STREET ADDRESS 6335 AVENUE G	
CITY - ST - ZIP MCINTOSH FL 32664	
TITLE CSD	<input checked="" type="checkbox"/> DELETE
NAME HOPEWOOD, MARY E	
STREET ADDRESS 20630 FOURTH ST.	
CITY - ST - ZIP MCINTOSH FL 32664	
TITLE HD	<input checked="" type="checkbox"/> DELETE
NAME HOOPER, JANET S	
STREET ADDRESS 20672 THIRD ST.	
CITY - ST - ZIP MCINTOSH FL 32664	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Nancy Leitner	
1.3 STREET ADDRESS 10560 NW Hwy. 320	
1.4 CITY - ST - ZIP McIntosh, FL 32667	
2.1 TITLE HD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Margie Karow	
2.3 STREET ADDRESS 5802 Ave. G	
2.4 CITY - ST - ZIP McIntosh, FL 32664	
3.1 TITLE HD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Barbara Fellman	
3.3 STREET ADDRESS 5675 Avenue H	
3.4 CITY - ST - ZIP McIntosh, FL 32664	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Pauline Kimball	
4.3 STREET ADDRESS 5901 C Avenue	
4.4 CITY - ST - ZIP McIntosh, FL 32664	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Ernie Hopwood	
5.3 STREET ADDRESS F Ave & 4th Street Box 237	
5.4 CITY - ST - ZIP McIntosh, FL 32664	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Bill Holst	
6.3 STREET ADDRESS 20910 10th Street	
6.4 CITY - ST - ZIP McIntosh, FL 32664	

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: Margaret J. Willis (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 04-20-96 (904) 591-1781

CR2E037 (12/95)

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