

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 # 728762 (6)

1. Corporation Name

THE WILSON, WILLIAM KENNERSON MEMORIAL



Principal Place of Business: 425 N. MARION ST. P.O. BOX 372 LAKE CITY FL 32055-2845
Mailing Address: 425 N. MARION ST. P.O. BOX 372 LAKE CITY FL 32055-2845

3. Date Incorporated or Qualified: 02/06/1974
3a. Date of Last Report: 02/13/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	Country	30	Country			

9. Name and Address of Current Registered Agent

WILSON, HUGH A, JR.
425 N. MARION ST.
P.O. BOX 372
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S HARRINGTON, DOROTHY	1.1 TITLE	
NAME	425 N. MARION ST	1.2 NAME	
STREET ADDRESS	LAKE CITY, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD WILSON, JAMES Y	2.1 TITLE	
NAME	RES 2319 INGLEWOOD DR	2.2 NAME	
STREET ADDRESS	LAKE CITY, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD WILSON, HUGH A, JR	3.1 TITLE	
NAME	RES 975 LK MONT DR	3.2 NAME	
STREET ADDRESS	LAKE CITY, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD HEYWARD, LOVELYN WILSON	4.1 TITLE	
NAME	MAGNOLIA BLUFF	4.2 NAME	
STREET ADDRESS	EAST POINT, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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:

Hugh A. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/38/96

904-752-1235

Date

Daytime Phone #

CR2E037 (12/95)