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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:54

DOCUMENT # 734984 (8)

1. Corporation Name
HOMOSASSA AREA FLOTILLA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1777 HOMOSASSA SPRINGS FL 34447 US	P.O. BOX 1777 HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1976
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2466084 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1528 N. FOXBORO LOOP	26 1528 N. FOXBORO LOOP
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CRYSTAL RIVER, FL	City & State 28 CRYSTAL RIVER, FL
Zip 24 34429 Country 25 US	Zip 29 34429 Country 30 US

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

WEIDLER, BOGDAN
3180 REGAL LILLY WAY S
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name: STANLEY P. WATSON
82 Street Address (P.O. Box Number is Not Acceptable): 1528 N. FOXBORO LOOP
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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: Stanley P. Watson — STANLEY P. WATSON, T/D — 1/16/95
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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, RICHARD A.	1.2 NAME		
STREET ADDRESS	10 PLUM COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	SIROKY, EDWIN J.	2.2 NAME	PALIOCA, CHARLES A.	
STREET ADDRESS	3 BONNIE COURT NORTH	2.3 STREET ADDRESS	106 BYRSONIMA CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	WEIDLER, BOGDAN	3.2 NAME	WATSON, STANLEY P.	
STREET ADDRESS	3180 REGAL LILLY WAY S	3.3 STREET ADDRESS	1528 N. FOXBORO LOOP	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	HELMRICH, ROSEMARY	4.2 NAME	EUBANKS, MINNIE M.	
STREET ADDRESS	5198 S RIVERVIEW CIR	4.3 STREET ADDRESS	P.O. BOX 685 N/A	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	HOMOSASSA, FL 34487	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(i), 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: Stanley P. Watson, Stanley P. WATSON, 1-16-95, 904-563-0853
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004870