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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734984 (8)

1. Corporation Name

HOMOSASSA SAFE BOATING, INC.



Principal Place of Business

Mailing Address

P.O. BOX 547
HOMOSASSA FL 34487-0547
US

P.O. BOX 547
HOMOSASSA FL 34487-0547
US

3. Date Incorporated or Qualified
02/16/1976

3a. Date of Last Report
01/23/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EUBANKS, MINNIE M
6139 S. ROYAL DR.
HOMOSASSA FL 34487**

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	PD	<input type="checkbox"/> DELETE
NAME	BARNES, CLIFFORD H	
STREET ADDRESS	5450 S. ISLAND DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MENKEN, JOHN V	
STREET ADDRESS	5030 S. STETSON POINT DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EUBANKS, MINNIE M	
STREET ADDRESS	6139 S. ROYAL DR.	
CITY-ST-ZIP	HOMOSASSA FL 34487	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REED, JOHN R	
STREET ADDRESS	6470 W. ROSEDALE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIPER, VAUGHN JOSEPH	
STREET ADDRESS	8298 W. PROMENADE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEARIN, LARRY E	
STREET ADDRESS	6554 S. BEAGLE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34487	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHEARIN, LARRY E
6.3 STREET ADDRESS	8 PLUM COURT
6.4 CITY-ST-ZIP	HOMOSASSA, FL 34446

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

Feb 4, 1996 (904) 628 6540

Date

Daytime Phone #

CR2E037 (12/95)