

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 # 736570 (3)

1. Corporation Name

USHERS SOCIETY S.M.M. COMMITTEE, INC.



Principal Place of Business

Mailing Address

861 MAITLAND AVE.
ALTAMONTE SPRGS FL 32701

861 MAITLAND AVE.
ALTAMONTE SPRGS FL 32701

3. Date incorporated or Qualified
08/11/1976

3a. Date of Last Report
04/14/1995

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

BARCUS, WILLIAM A.
322 OAK HILL DR.
ALTAMONTE SPRINGS FL 32701

81

Name

Mitchell Charles I

82

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

700 Spring Lake Rd

83

City

Altamonte Springs FL

84

City

FL

85

Zip Code

32701

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

Charles J. Mitchell

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FOSTER, GEORGE W.
STREET ADDRESS 1316 NOBLE ST.
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

TITLE D
NAME HINTON, WILLIAM F.
STREET ADDRESS 604 ENDSLEY AVE.
CITY-ST-ZIP MAITLAND FL

☒ DELETE

TITLE PD
NAME BARCUS, WILLIAM A.
STREET ADDRESS 322 OAK HILL DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD.
MITCHELL, Charles I
700 Spring Lake Rd
Altamonte Springs FL 32701

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D
RABORN, Karen M.
604 Conrad Ct
Altamonte Springs FL 32701

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

D
Kuhn, John
519 Mason St.
Altamonte Springs FL 32701

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

7000001787777
-04/22/96--01010--032
***245.00

☐ Change ☐ Addition

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:

Charles J. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

831-1212

Daytime Phone #

CR2E037 (12/95)

4/22/96