## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741446

(9)

MUNSON AREA PRESERVATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

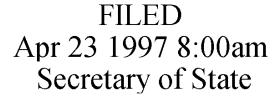
28

1912 CARSON DRIVE TALLAHASSEE FL 32310

22

23

1312 CARSON DRIVE TALLAHASSEE FL 32310-7608



3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 01/25/1978

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 59-2367772

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24		25	25				0				ida Statutes ne and Addres	a ad Nam		□ No		4	
	y, Name	ano	Address of Current i	нөд	istered Agent			61	Name	10, Nam	ne and Addres	S OI NEW	Register	ea Agent		4	
								"	Name								
FOGG, MARGARET L										Street Address (P.O. Box Number is Not Acceptable)							
1312 CARSON DRIVE																4	
TALLAHA	issee fl 3	3231	10				83								}		
							84	City		<del></del>			85 Zip C	Code	4		
								,				F	L   279 C	,000			
11. Pursuant to the provisions of Socions 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															7		
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																	
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).  DATE															ļ	
												50 TO OF	DATE		0 111 40	ہ ا	
12.	PD	—	OFFICERS AND I	DIK	DEL	CTC	-			AUUII	TIONS/CHANG	ies to of	FICERS A	ND DIRECTOR		<u> </u>	
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NAME	Brown,						3	2 NAME								-	
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NAME	HODGES	), R	OBERT				4	2 NAME									
STREET ADDRESS	5705 LER	FRA	NCE CR				4.	3 STREET	ADDRESS								
CITY-ST-ZIP	TALLAHA	<b>ASS</b>	EE, FL 00000				4	4 CITY-S	T - ZIP							1	
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NAME							5.	2 NAME								1	
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NAME							6	2 NAME	<b>.</b>								
STREET ADDRESS							6.	3 STREET	ADDRESS								
CITY-ST-ZIP							6.	4 CITY-S	F-ZIP								
14. I do hereb	y certify tha	t the	information supplied v	vith	this filing does n	ot quality	for t	he exe	mption st	ated in Section	119.07(3)(i), F	lorida Stati	utes. I furi	her certify that t	he	7	
Lam an of	ficer or direc	clor (	is annual report or sup of the corporation or th	iè re	ceiver or trusted	'emoower	ed t	d accu	rate and ute this r	that my signatu eport as require	ire shall have t ed by Chapter (	he same le 617. Florid	egal effect a Statutes	l as if made und s: and that my na	ler oath; tha ame	ď [	
appears in	n Block 12	Blo	ck 13 if changed, or o	n ar	attachment with	an addre	ess.			ad-,,a	,	,		,		1	