FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 29 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744910 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF SOIL AND WATER CONSERVATI ON DISTRICT SUPERVISORS, INC.

Principal Place of Business	Mailing Address
16806 NW 40TH PLACE NEWBERRY FL 32669	16806 NW 40TH PLACE NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1978
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6564928 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FORD, THOMAS R.
RT 1 BOX 1077
BRYCEVILLE FL 32009

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS R. FORD	12 NAME	
STREET ADDRESS	RT. 1, BOX 1077 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	JACK MASHBURN	22 NAME	Tim Ford
STREET ADDRESS	6741 CAMP FLOWERS ROAD	23 STREET ADDRESS	5411 St. Helena Road
CITY-ST-ZIP	YOUNGSTOWN FL 32466	24 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MICHAEL STOKES	32 NAME	
STREET ADDRESS	540 WEST MILL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN FL 32234	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	AUD ☒ Change ☐ Addition
NAME	LYNDA JACOBS	42 NAME	Richard Michek
STREET ADDRESS	1811 CR 419	43 STREET ADDRESS	17 NW 16th Street
CITY-ST-ZIP	CHULUOTA FL 32766	44 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHN O'CONNOR	52 NAME	
STREET ADDRESS	P.O. BOX 1035 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DOROTHY LEWIS,	62 NAME	
STREET ADDRESS	ROUTE 1, BOX 233	63 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	64 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: [signature] 2/23/95 407/732-1050
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #