## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

744910

(1)

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

**FILED** Mar 13 1996 8:00 am Secretary of State

Principal Place	of Business	Mailing Address							
16806 NW 40T NEWBERRY FL		16806 NW 40TH PLACE NEWBERRY FL 32669							
						Date Incorporated or Qualified 11/13/1978	3a. Date of Last 03/29/19		
2. Principal Pla	ace of Business	2a. Mailing Address	S			4. FEI Number	Applied For		
21		26				<b>59-6564928</b> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be			
Zip	Country	Zip	Co	untry		8. This corporation has liability for in			
24	25	29	30	•			Yes 🛛 No		
1	9. Name and Address of Curren	t Registered Agent	1 1			10. Name and Address of New Re	egistered Agent		
				81 Na	me				
FORD. TH	HOMAS R.			<b>82</b> St	not Addro	ss (P.O. Box Number is Not Acceptable	e)		
RT 1 BO				62 Street Addre		as a location of the Hoopital	-/		
	LLE FL 32009			83					
				<b>84</b> Ci			os 7	o Code	
				<b>84</b> Ci	У		FL  85   ZF	a Cone	
or register familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authorize	ed by the	ove-name corporati	ed corpora on's board	tion submits this statement for the purp d of directors. I hereby accept the appo	oose of changing its r intment as registered	egistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent sign	ature required	when reinstaing)	DATE		
12.	OFFICERS AND		13			ADD:TIONS/CHANGES TO OFFE	CERS AND DIRECTO	DRS IN 12	
TITLE	PD	DELETE	111	TITLE	D		XX Change	Addition	
NAME	THOMAS R. FORD		1.21	NAME					
STREET ADDRESS	RT. 1, BOX 1077 N/A		1.3 \$	STREET ADD	ESS				
CHTY-ST-ZIP	BRYCEVILLE FL 32009		1.4 (	CITY-ST-ZIF					
TITLE	VD	DELETE	21	TITLE			☐ Change	Addition	
NAME	FORD, TIM		221	NAME					
STREET ADDRESS	5411 ST. HELENA ROAD		23	STREET ADDI	RESS				
CITY - ST - ZIP	LAKE WALES FL 33853		2.4	CITY - ST - ZI	,			· · · · · · · · · · · · · · · · · · ·	
TITLE	VD	DELETE	3.1	TITLE	P/:	D	XX Change	Addition	
NAME	MICHAEL STOKES		3.2	NAME					
STREET ADDRESS	540 WEST MILL STREET		3.3	STREET ADD	RESS				
CITY - ST - ZIP	BALDWIN FL 32234			CITY-ST-ZI	-			100 A . 100	
TITLE	SD	<b>XX</b> DELETE	41	TITLE	SD		XX Change	XX Addition	
NAME	MACHEK, RICHARD		4 2	NAME	Cha	arles Tucker			
STREET ADDRESS	17 NW 16TH ST.		43	STREET ADD	-•	O. Box 766			
CITY-ST-ZIP	DELRAY BEACH FL 33483		4.4	CITY-ST-ZII		nd O'Lakes, FL 34639			
TITLE	D	<b>X</b> DELETE	5.1	TITLE	V/I	<b>)</b> Test years	🔀 Change	Addition Add	
NAME	JOHN O'CONNOR		5.2	NAME	Ted	d Henderson			
STREET ADDRESS	P.O. BOX 1035 N/A		5.3	STREE1 ADD	1	540 – 68t'n Place			
CITY - ST - ZIP	MULBERRY FL 33860		5.4	CITY-ST-ZI	Liv	ve Oak, FL 32060			
TITLE	D	DELETE	61	TITLE			Change	Addition	
NAME	DOROTHY LEWIS,		62	NAME					
STREET ADDRESS	ROUTE 1, BOX 233		63	STREET ADD	RESS				
CITY - ST - ZIP	MONTICELLO FL 32344		6.4	CITY-ST-ZII	,				
	L	201 01 1 2 2 2 1 1 2 2 2	tale and a sec	-1 -1	L _ UL. Z	with a superior stated in Contine 110	07/2)/IA Clorido Statu	too I further	

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 appendix that my name and the same legal effect as if made under a supplementary in the same legal effect as if made under a supplementary in the same legal effect as if made under a supplementary is supplementary.

SIGNATURE: MILE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

,Michael Stokes

904/266-4784

Daytime Phone #