

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthland</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744910** (1)

1. Corporation Name

**FLORIDA ASSOCIATION OF SOIL AND WATER CONSERVATION DISTRICT SUPERVISORS, INC.**

Principal Place of Business

Mailing Address

**16806 NW 40TH PLACE  
NEWBERRY FL 32669**

**16806 NW 40TH PLACE  
NEWBERRY FL 32669**



3. Date Incorporated or Qualified

**11/13/1978**

4. FEI Number

**59-6564928**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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

**1/12/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **THOMAS R. FORD**  
STREET ADDRESS **RT. 1, BOX 1077 N/A**  
CITY-ST-ZIP **BRYCEVILLE FL**

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **FORD, TIM**  
STREET ADDRESS **5411 ST. HELENA ROAD**  
CITY-ST-ZIP **LAKE WALES FL 33853**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **MICHAEL STOKES**  
STREET ADDRESS **540 WEST MILL STREET**  
CITY-ST-ZIP **BALDWIN FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **TUCKER, CHARLES**  
STREET ADDRESS **P.O. BOX 766**  
CITY-ST-ZIP **LAND-O-LAKES FL**

4.1 TITLE **32** ☒ Change ☐ Addition  
4.2 NAME **Virginia McCall**  
4.3 STREET ADDRESS **P.O. Box 276**  
4.4 CITY-ST-ZIP **Salem, FL 32356 N/A**

TITLE **VD** ☒ DELETE  
NAME **HENDERSON, TED**  
STREET ADDRESS **1540-68TH PLACE**  
CITY-ST-ZIP **LIVE OAK FL**

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME **Chris Tompkins II**  
5.3 STREET ADDRESS **110 Central Drive**  
5.4 CITY-ST-ZIP **Brandon, FL 33510-4320**

TITLE **D** ☐ DELETE  
NAME **DOROTHY LEWIS,**  
STREET ADDRESS **ROUTE 1, BOX 233**  
CITY-ST-ZIP **MONTICELLO FL 32344**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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]*

**1/12/98**

**9411439-3232**

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