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Secretary of State

02-06-1999 90015 012 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744910

1. Corporation Name

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

Principal Place of Business

16806 NW 40TH PLACE
NEWBERRY FL 32669

Mailing Address

16806 NW 40TH PLACE
NEWBERRY FL 32669



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/13/1978

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

TITLE PD
NAME FORD, TIM
STREET ADDRESS 5411 ST. HELENA ROAD
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE D
NAME MICHAEL STOKES
STREET ADDRESS 540 WEST MILL STREET
CITY-ST-ZIP BALDWIN FL

☐ DELETE

TITLE SD
NAME MCCALL, VIRGINIA
STREET ADDRESS P.O. BOX 276 N/A
CITY-ST-ZIP SALEM FL 32356

☐ DELETE

TITLE VD
NAME TOMPKINS, CHRIS I
STREET ADDRESS 110 CENTRAL DR
CITY-ST-ZIP BRANDON FL 33510-4320

☐ DELETE

TITLE D
NAME DOROTHY LEWIS
STREET ADDRESS RT. 1, BOX 233 N/A
CITY-ST-ZIP MONTICELLO FL 32344

☐ DELETE

1.1 TITLE 11/13/1978
1.2 NAME
1.3 STREET ADDRESS 59-6564928
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

Tim Ford, Presiden 1/14/99 352/472-5462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)