

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750793 (2)

1. Corporation Name

THE FOREST HEIGHTS-HOLLY HILLS AREA NEIGHBORHOOD
ASSOCIATION INC.



Principal Place of Business

Mailing Address

1814 SHARON ROAD
TALLAHASSEE FL 32303

1814 SHARON ROAD
TALLAHASSEE FL 32303

2. Principal Place of Business

2a. Mailing Address

21 1814 SHARON RD.

26 1814 SHARON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TALLAHASSEE

28 TALLAHASSEE

24 Zip

Country

29 Zip

Country

32303

USA

32303

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1980

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2308616

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

DETAR, FRANCES L
1912 SHARON ROAD
TALLAHASSEE FL FL 32303

81 Name

NANCY A. MULLER

82 Street Address (P.O. Box Number is Not Acceptable)

1814 SHARON RD

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

10. Name and Address of New Registered Agent

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-13-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HUTCHINSON, JOHN
STREET ADDRESS 1902 ROSEDALE DR
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME DEJAR, FRANCES L
STREET ADDRESS 1912 SHARON RD
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE T
NAME STEVERSON, JEANNE
STREET ADDRESS 1718 SHARON RD
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D
NAME JOHNSTON, MARCUS
STREET ADDRESS 1507 RAA AVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D
NAME MONCRIEF, WILLIAM
STREET ADDRESS 2111 GREAT OAK DR.
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

Date

385-5061 (904)

Daytime Phone #

CR2E037 (12/95)