

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: **1912 SHARON ROAD TALLAHASSEE FL 32303**
Mailing Address: **1912 SHARON ROAD TALLAHASSEE FL 32303**

3. Date incorporated or Qualified 01/25/1980	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2308616 ✓	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 1814 SHARON RD.	2a. Mailing Address 1814 SHARON RD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State TALLAHASSEE	28. City & State TALLAHASSEE
24. Zip 32303	25. Country USA
29. Zip 32303	30. Country USA

9. Name and Address of Current Registered Agent DETAR, FRANCES L 1912 SHARON ROAD TALLAHASSEE FL FL 32303		10. Name and Address of New Registered Agent	
		81. Name NANCY A. MULLER	
		82. Street Address (P.O. Box Number is Not Acceptable) 1814 SHARON RD	
		83.	
		84. City TALLAHASSEE	85. Zip Code 32303

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]* DATE: **4-13-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE HUTCHINSON, JOHN 1902 ROSEDALE DR TALLAHASSEE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> DELETE DEJAR, FRANCES L 1912 SHARON RD TALLAHASSEE FL	2.1 TITLE Secretary/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ARNOLD, CURTIS	<input type="checkbox"/> DELETE 1903 RAA AVE TALLAHASSEE FL	2.2 NAME NANCY A. MULLER	
TITLE T	<input checked="" type="checkbox"/> DELETE STEVerson, JEANNE 1718 SHARON RD TALLAHASSEE FL	2.3 STREET ADDRESS 1814 SHARON RD	
TITLE D	<input type="checkbox"/> DELETE JOHNSTON, MARCUS 1507 RAA AVE TALLAHASSEE FL	2.4 CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE D	<input type="checkbox"/> DELETE MONCRIEF, WILLIAM 2111 GREAT OAK DR. TALLAHASSEE FL	3.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE Kate Muldoon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS 1903 Holly St	
		4.4 CITY-ST-ZIP Tallahassee FL 32303	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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]* DATE: **4-14-96** DAYTIME PHONE: **385-5061 (40A)**

CR2E037 (12/95)