FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 10 PM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756974 (2)

1. Corporation Name
WAKULLA MEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HI WAY 319 WAKULLA BANK PO BOX 610 CRAWFORDVILLE FL 32327	HI WAY 319 WAKULLA BANK PO BOX 610 CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WEBSTER, BILL
COURTHOUSE SQUARE, P.O.BOX 478
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FRANK	1.2 NAME	
STREET ADDRESS	E IVAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, WALTER	2.2 NAME	
STREET ADDRESS	HWY. 319 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GABY, SCOTT	3.2 NAME	
STREET ADDRESS	HARVEY MILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, DAVID	4.2 NAME	
STREET ADDRESS	HARVEY MILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, MIKE	5.2 NAME	
STREET ADDRESS	LAKE ELLEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	VERSIGA, WILLIAM F	6.2 NAME	
STREET ADDRESS	AARON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 00000	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)(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: William F. Versiga William F. Versiga 1-12-95 904-926-2111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0027064