

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 # **757427** (0)

1. Corporation Name

OLD SPANISH TRAIL FESTIVAL SOCIETY, INC.

Principal Place of Business

P O BOX 747
CRESTVIEW FL 32536

Mailing Address

P O BOX 747
CRESTVIEW FL 32536



3. Date Incorporated or Qualified
04/06/1981

3a. Date of Last Report
03/29/1995

4. FEI Number

59-2939561

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNHILL, WILLIAM A.
501 NORTH FERDON BLVD.
CRESTVIEW FL 32536**

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

William A. Barnhill

(NOTE: Registered Agent signature required when reinstating)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **LINDSAY, LOU**
STREET ADDRESS **6027 W DOGWOOD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **DV** ☒ DELETE
NAME **WHEELOCK, LAUREN**
STREET ADDRESS **6143 OAKHILL RD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **DS** ☒ DELETE
NAME **JONES, MARY**
STREET ADDRESS **6236 WINSTEAD RD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **CD** ☐ DELETE
NAME **BARNHILL, BILL**
STREET ADDRESS **501 N FENDON BLVD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **TD** ☐ DELETE
NAME **HEAD, NORA J**
STREET ADDRESS **5832 LAKE DR**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Laurin Wheelock**
1.3 STREET ADDRESS **6143 Oakhill Rd**
1.4 CITY-ST-ZIP **Crestview Fl 32536**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Bill Barnhill**
2.3 STREET ADDRESS **501 N Fendon Blvd**
2.4 CITY-ST-ZIP **Crestview Fl 32536**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **DV Pearl Warrick**
3.3 STREET ADDRESS **149 Shady Lane**
3.4 CITY-ST-ZIP **Crestview Fl 32536**

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

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DV Terry Lamy**
6.3 STREET ADDRESS **Pearl St N**
6.4 CITY-ST-ZIP **Crestview Fl 32536**

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:

Nora J Head **Nora J Head**

4-16-96

904/863-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)