

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:19

DOCUMENT # **758926** (0)
1. Corporation Name
CYANAMID EMPLOYEES ACTIVITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1801 CYANAMID ROAD MILTON FL 32570 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/25/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2364228** 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 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MARMASH, JOHN P.
1801 CYANAMID ROAD
MILTON FL 32571**

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HOLM, DOUG
STREET ADDRESS	5363 STAFFORD CIRCLE
CITY - ST - ZIP	PACE FL
TITLE	SD
NAME	MARMASH, JOHN P.
STREET ADDRESS	3916 TONBRIDGE CIRCLE
CITY - ST - ZIP	PENSACOLA FL
TITLE	VD
NAME	VIAU, TIMOTHY
STREET ADDRESS	5713 LAKESIDE COURT
CITY - ST - ZIP	MILTON FL
TITLE	D
NAME	CARPENTER, BILL
STREET ADDRESS	5818 WOODDUCK
CITY - ST - ZIP	PACE FL
TITLE	PD
NAME	JENNINGS, ROBERT P
STREET ADDRESS	3862 OAKUS STREET, UNIT 6-C
CITY - ST - ZIP	MILTON FL
TITLE	D
NAME	BROWN, MIKE
STREET ADDRESS	1997 NORTH ROBERTS CIR
CITY - ST - ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4845 CHRISTY LANE
5.4 CITY - ST - ZIP	PACE, FL 32571
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **D. C. HOLM** **APRIL 5, 1995 (904) 994-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)