

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



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

3. Date Incorporated or Qualified: **06/25/1981**      3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2364228</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARMASH, JOHN P. 1801 CYANAMID ROAD MILTON FL 32571</b>				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ 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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLM, DOUG</b>	1.2 NAME	
STREET ADDRESS	<b>5363 STAFFORD CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARMASH, JOHN P.</b>	2.2 NAME	
STREET ADDRESS	<b>3916 TONBRIDGE CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIAU, TIMOTHY</b>	3.2 NAME	
STREET ADDRESS	<b>5713 LAKESIDE COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>5818 WOODDUCK</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, ROBERT P</b>	5.2 NAME	
STREET ADDRESS	<b>4845 CHRISTY LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MIKE</b>	6.2 NAME	
STREET ADDRESS	<b>1997 NORTH ROBERTS CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	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: **D. C. HOLM** 4/17/96 (904) 994-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)