

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **763364** (7)

1. Corporation Name

**BALM COMMUNITY CIVIC ASSOCIATION, INC.**

Principal Place of Business

P O BOX 283  
BALM FL 33503  
US

Mailing Address

P O BOX 283  
BALM FL 33503  
US



700001856547  
-06/10/96--01012--032  
\*\*\*61.25

3. Date Incorporated or Qualified  
**05/19/1982**

3a. Date of Last Report  
**08/18/1995**

2. Principal Place of Business  
21 **P O BOX 283**

2a. Mailing Address  
26 **P O BOX 283**

4. FEI Number  
**59-2353494**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **BALM FLORIDA**

City & State  
28 **BALM FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **33503**

Country  
25 **USA**

Zip  
29 **33503**

Country  
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSEU, MARNA M**  
**13763 HWY 672**  
**P O BOX 605**  
**BALM FL 33503**

**Wilson, Terry**  
**13611 Aspen Ave.**  
**Riverview, FL 33569**

81 Name  
**TERRY WILSON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**13611 ASPEN Ave**

83

84 City  
**RIVERVIEW FL**

85 Zip Code  
**33569**

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 Terry Wilson - Terry Wilson Secretary/Treasurer

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when running)

DATE **5-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD**  
**PAYNE, SUSIE S.**  
**12922 CR-672**  
**WIMAUMA FL** ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**MASSEY, MORNA**  
**13763 HWY 672**  
**WIMAUMA FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**SMITH, JEAN**  
**15010 SWEAT LOOP RD**  
**WIMAUMA FL** ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**PRES / DIRECT**  
**Greg WILSON**  
**13611 ASPEN**  
**RIVERVIEW, FL 33569** ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**SEC / TREAS**  
**TERRY WILSON**  
**13611 ASPEN**  
**RIVERVIEW, FL 33569** ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**DIRECTOR**  
**MORNA M. MASSEY**  
**13763 HWY 672**  
**WIMAUMA, FL 33598** ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
**DIRECTOR**  
**WILLIAM O'BRIEN**  
**15002 Carlton Lake Rd.**  
**LITHIA, FL 33547** ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
**DIRECTOR**  
**ALTON "BUDDY" McEULOUGH**  
**13724 HWY 672**  
**WIMAUMA, FL 33598** ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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: Terry Wilson - Secretary/Treasurer 4-25-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-645-6491

Distance Phone

CR2E037 (12/95)