

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

**APPROVED  
AND  
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95 MAR -2 PM 2: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 763694 (7)  
 1. Corporation Name  
 FRIENDS OF FLORIDA FOLK INCORPORATED

Principal Place of Business Mailing Address  
 1625 VEREDA VERDE SARASOTA FL 34232-2164  
 1625 VEREDA VERDE SARASOTA FL 34232-2164

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 06/15/1982 3a. Date of Last Report 03/15/1994  
 4. FEI Number 65-0055900 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

9. Name and Address of Current Registered Agent  
 BELANGER, RAY  
 14807 DEL VALLE ROAD  
 TAMPA FL 33625

10. Name and Address of New Registered Agent  
 81 Name SUE BULLOCK  
 82 Street Address (P.O. Box Number is Not Acceptable) 2019 Sadler Road  
 83  
 84 City N. Ft. Myers, FL 85 Zip Code 33917

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 *Sue Bullock* SUE BULLOCK, TREAS. 2/24/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROBERTSON, JIM
STREET ADDRESS	5418 LAKE WOOD RD
CITY - ST - ZIP	SEBRING FL
TITLE	PD
NAME	WEBBER, DALE
STREET ADDRESS	13805 NICE LANE
CITY - ST - ZIP	ODESSA FL
TITLE	SD
NAME	HOOVLER, ED
STREET ADDRESS	1117 NE 10TH AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	BELANGER, RAY
STREET ADDRESS	14807 DEL VALLE ROAD
CITY - ST - ZIP	TAMPA FL 33625
TITLE	CD
NAME	HEWITT, JEAN
STREET ADDRESS	1625 VEREDA VERDE
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL HEWITT	
1.3 STREET ADDRESS	1625 Vereda Verde	
1.4 CITY - ST - ZIP	Sarasota, Fl. 34232	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBIN PLITT	
2.3 STREET ADDRESS	131 Tulip Tree Drive	
2.4 CITY - ST - ZIP	Lantana, Fl. 33462	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUE BULLOCK	
4.3 STREET ADDRESS	2019 Sadler Road	
4.4 CITY - ST - ZIP	N. Ft. Myers, Fl. 33917	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: *Sue Bullock* Sue Bullock 2/7/95 813-995-0782  
Signature and typed or printed name of signing officer or director. (Date) District Phone #