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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **790684** **(5)**

1. Corporation Name

NATIONAL WATERMELON ASSOCIATION, INC.

Principal Place of Business	Mailing Address
406 RAILROAD ST. MORVEN GA 31638	P.O. BOX 38 MORVEN GA 31638 US

3. Date Incorporated or Qualified: 06/12/1967

4. FEI Number: 58-0551994 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WARD JR., W R
3825 SOUTH FLORIDA AVENUE
(SOUTH LOOP DRIVE)
LAKELAND FL 33803

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 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, THOMAS A.		1.2 NAME		
STREET ADDRESS	HWY. 80 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACK, ARNOLD		2.2 NAME		
STREET ADDRESS	HWY 60 E BOX 26689		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEGER, GREG		3.2 NAME		
STREET ADDRESS	126 SEEDLING DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIELD, ANITA		4.2 NAME		
STREET ADDRESS	715 S 6TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	VINCENNES IN		4.4 CITY-ST-ZIP		
TITLE	EST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHILDERS, NANCY Y.		5.2 NAME		
STREET ADDRESS	406 E/S RAILROAD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MORVEN GA		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZAFERIS, JAMES E.		6.2 NAME		
STREET ADDRESS	1111 S MATEO ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nancy Childers + Nancy Childers 3-6-98