FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790710** **(8)**

1. Corporation Name
FLORIDA SANTA GERTRUDIS ASSOCIATION

Principal Place of Business	Mailing Address
9305 HALL RD LAKELAND FL 33809 US	9305 HALL RD LAKELAND FL 33809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1953
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1590311 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MEYERS, DINA
9305 HALL RD
LAKELAND FL 33809

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☒ Addition
NAME	SAVELL, HOLLIS	1.2 NAME	John Sprow	
STREET ADDRESS	RR 1 BOX 242-H	1.3 STREET ADDRESS	Rt.1 Box 408-4	
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	McAlpin,Fl.32062	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	RANDALL, SCOTT	2.2 NAME	Lavrence Tison	
STREET ADDRESS	RT 5 BOX 836 A	2.3 STREET ADDRESS	Rt.3 Box 900	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	Callahan,Fl.32011	
TITLE	ST	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	MEYERS, DINA	3.2 NAME	Meyers,Dina	
STREET ADDRESS	9305 HALL RD	3.3 STREET ADDRESS	9305 Hall Rd.	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland,Fl 33809	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCTYRE, JOHN	4.2 NAME	McTyre,John	
STREET ADDRESS	BOX 997, MCTYRE FARM RD.	4.3 STREET ADDRESS	PO Box 997 NA	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	Live Oak,Fl 32060	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	TISON, LAWRENCE	5.2 NAME	Duane Meyers	
STREET ADDRESS	RT 3 BOX 900	5.3 STREET ADDRESS	9305 Hall Rd	
CITY-ST-ZIP	CALLAHAN FL	5.4 CITY-ST-ZIP	Lakeland,Fl 33809	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HONEYWELL, DAN H.	6.2 NAME	Honeywell,Dan H.	
STREET ADDRESS	236 SOUTH LUCERN CIR.	6.3 STREET ADDRESS	236 South Lucern Cir.	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando,Fl 32801	

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)(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: Dina Meyers Dina Meyers March 24 1995 813-855-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087188