

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
12/28/1953

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 236 S. Lucerne Circle

26 236 S. Lucerne Circle

4. FEI Number
59-1590311

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
Orlando, FL

City & State
Orlando, FL

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

22 Zip 32801-4499 Country Orange

27 Zip 32801-4499 Country Orange

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

MEYERS, DINA
9305 HALL RD
LAKELAND FL 33809

81 Name
DAN H. HONEYWELL

82 Street Address (P.O. Box Number is Not Acceptable)
236 S. Lucerne Circle

83

84 City Orlando, FL 85 Zip Code 32801

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

DAN H. HONEYWELL, Secretary-Treasury

4/17/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPROW, JOHN
RT. 1 BOX 408-4
MCALPIN FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TISON, LAWRENCE
ROUTE 3 BOX 900
CALLAHAN FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MEYERS, DINA
9305 HALL RD
LAKELAND FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
ST
DAN H. HONEYWELL
236 S. Lucerne Circle
Orlando, FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCTYRE, JOHN
PO BOX 997 N/A
LIVE OAK FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
Fred Dietrich
10 Seminole Trail
Orlando, FL 32833 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEYERS, DUANE
9305 HALL RD
LAKELAND FL ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D
Hollis Savell
1572 Wes Nelson Rd.
Chipley, FL 32428 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HONEYWELL, DAN H.
236 SOUTH LUCERN CIR.
ORLANDO FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
Dina Meyers
9305 Hall Rd.
Lakeland, FL 33805 ☒ 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:

4/17/96

(407) 843-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAN H. HONEYWELL, Secretary-Treasurer

Date

Daytime Phone #

CR2E037 (12/95)