


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS*
--	---	--

DOCUMENT # **790710** (8)

1. Corporation Name

**FLORIDA SANTA GERTRUDIS ASSOCIATION**



Principal Place of Business

Mailing Address

**236 S LUCERNE CIRCLE  
ORLANDO FL 32801-4499  
US**

**236 S LUCERNE CIRCLE  
ORLANDO FL 32801-3773  
US**

3. Date Incorporated or Qualified  
**12/28/1953**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAN H. HONEYWELL  
236 S. LUCERNE CIRCLE  
ORLANDO FL 32801**

**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

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPROW, JOHN</b>	
STREET ADDRESS	<b>RT. 1 BOX 408-4</b>	
CITY-ST-ZIP	<b>MCALPIN FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAN H. HONEYWELL</b>	
1.3 STREET ADDRESS	<b>236 S. LUCERNE CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TISON, LAWRENCE</b>	
STREET ADDRESS	<b>ROUTE 3 BOX 900</b>	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	

2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PATRICIA MCTYRE</b>	
2.3 STREET ADDRESS	<b>22205 129th Pl. O'Brien, FL</b>	
2.4 CITY-ST-ZIP	<b>32071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>DAN H. HONEYWELL</b>	
STREET ADDRESS	<b>236 S. LUCERNE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

3.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARTHA KEATING</b>	
3.3 STREET ADDRESS	<b>4505 W. BEACHWAY DRIVE</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRED DIETRICH</b>	
STREET ADDRESS	<b>10 SEMINOLE TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLIS SAVELL</b>	
STREET ADDRESS	<b>1572 WES NELSON RD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>JAMIE EDENFIELD</b>	
5.3 STREET ADDRESS	<b>3515 S.W. 39th Blvd.</b>	
5.4 CITY-ST-ZIP	<b>Gainesville, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DINA MEYERS</b>	
STREET ADDRESS	<b>9305 HALL RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JAMES L. TERRELL, JR.</b>	
6.3 STREET ADDRESS	<b>1610 TERRELL FARMS ROAD</b>	
6.4 CITY-ST-ZIP	<b>CALLAHAN, FL 32011</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(b), 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.

CR2E037 (9/96)