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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790710					
1. Corporation Name FLORIDA SANTA GERTRUDIS ASSOCIATION					
Principal Place of Business 236 S LUCERNE CIRCLE ORLANDO FL 32801-4499 US			Mailing Address 236 S LUCERNE CIRCLE ORLANDO FL 32801-4499 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/28/1953 4. FEI Number 59-1590311 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent DAN H. HONEYWELL 236 S. LUCERNE CIRCLE ORLANDO FL 32801				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			
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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	P	<input type="checkbox"/> DELETE		1.1 TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONEYWELL, DAN H.			1.2 NAME	HONEYWELL, DAN H.		
STREET ADDRESS	236 S. LUCERNE CIRCLE			1.3 STREET ADDRESS	236 S. LUCERNE CIRCLE		
CITY-ST-ZIP	ORLANDO F			1.4 CITY-ST-ZIP	ORLANDO, FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCTYRE, PATRICIA			2.2 NAME	George Alexander		
STREET ADDRESS	22205 129TH PL.			2.3 STREET ADDRESS	P.O. Box 502 (4294 Creek Road)		
CITY-ST-ZIP	O'BRIEN FL			2.4 CITY-ST-ZIP	Vernon, FL 32462		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEATING, MARTHA			3.2 NAME	Wanda B. Jones		
STREET ADDRESS	4505 W BEACHWAY DR			3.3 STREET ADDRESS	Route 9, Box 3630		
CITY-ST-ZIP	TAMPA FL 33609			3.4 CITY-ST-ZIP	Lake City, FL 32024		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRED DIETRICH			4.2 NAME			
STREET ADDRESS	10 SEMINOLE TRAIL			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDENFIELD, JAMIE			5.2 NAME			
STREET ADDRESS	3515 S.W. 39TH BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRELL, JAMES L. JR.			6.2 NAME			
STREET ADDRESS	1610 TERRELL FARMS RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	CALLAHAN FL			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 407843-7060
Date Daytime Phone #

CR2E037 (1/98)