

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H45766**

(3)

1. Corporation Name

HATTIE FARMER WALKER EDUCATIONAL TRUST, INC.



Principal Place of Business

1920 SENTINEL POINT ROAD
SEBRING FL 33872
US

Mailing Address

1920 SENTINEL POINT ROAD
SEBRING FL 33872
US

3. Date Incorporated or Qualified 03/07/1985	3a. Date of Last Report 04/13/1995
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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-6819009

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROBERT T. WALKER
1920 SENTINEL POINT ROAD
SEBRING FL 33872**

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

Signature, Type or Print Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restringing)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT T		1.2 NAME	
STREET ADDRESS	9353 S RIVER DR		1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JEAN E		2.2 NAME	
STREET ADDRESS	9353 S RIVER DR		2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, VIRGINIA W		3.2 NAME	
STREET ADDRESS	9353 S RIVER DR		3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, PHYLLIS W		4.2 NAME	
STREET ADDRESS	9353 S RIVER DR		4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SUSAN W		5.2 NAME	
STREET ADDRESS	858 MISSISSIPPI AVE		5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL		5.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT C		6.2 NAME	
STREET ADDRESS	9353 S RIVER DR		6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or change, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. WALKER

4/30-96 941-655-3534

Digital Photo

CR2E034 (12/95)