

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01655 (2)
1. Corporation Name
**ZEPHYRHILLS-DADE CITY CHAPTER OF THE SOCIETY FOR
THE PRESERVATION AND ENCOURAGEMENT OF**



Principal Place of Business
**6005 10TH ST.
ZEPHYRHILLS FL 33540**

Mailing Address
**6005 10TH ST.
ZEPHYRHILLS FL 33540**

3. Date Incorporated or Qualified
02/27/1984

3a. Date of Last Report
02/06/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 36-3399678		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**REHRIG, RODNEY BLAINE, SR.
6005 10TH ST.
ZEPHYRHILLS FL 33540**

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 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

TITLE	ST	<input type="checkbox"/> DELETE
NAME	REHRIG, RODNEY D SR	
STREET ADDRESS	6005 10TH STREET	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BIANBRIDGE, E RUSSELL	
STREET ADDRESS	35166 DANNY DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PECK, TOM	
STREET ADDRESS	37618 POMPANO COURT	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADIGAN, MARK R.	
STREET ADDRESS	4739 LAKESIDE DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAGE, KINGSLEY H	
STREET ADDRESS	37612 BERMUDA DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	VDVP	<input type="checkbox"/> DELETE
NAME	GIBSON, CHARLES	
STREET ADDRESS	3331 GALL BOULEVARD LOT 242	
CITY - ST - ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	COVENEY, GEORGE T.
3.4 CITY - ST - ZIP	3613 RANGER PARKWAY
	ZEPHYRHILLS, FL 33541
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rodney Blaine Rehrig, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

(813) 788-5676

Date

Daytime Phone #

CR2E037 (12/95)