

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90217 017 ****70.00

DOCUMENT # N03000003033

1. Entity Name
**WALDO ASSOCIATION OF RESIDENTS AND
MERCHANTS, INC.**



Principal Place of Business
**POST OFFICE BOX 185
WALDO, FL 32694**

Mailing Address
**13958 NE 140TH LANE
WALDO, FL 32694**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number

14-1896997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOWELL, FRED C
13958 NE 140TH LANE
WALDO, FL 32694**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-22-04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **Director**
STREET ADDRESS **Chenetta Ross**
CITY-ST-ZIP **Box 164
Waldo FL 32694**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D, P** ☐ Change ☒ Addition
NAME **Linda Wise**
STREET ADDRESS **Box 201 U**
CITY-ST-ZIP **Waldo FL 32694**

TITLE **D, S** ☐ Change ☒ Addition
NAME **Penny Dodd**
STREET ADDRESS **PO Box 459**
CITY-ST-ZIP **Waldo FL 32694**

TITLE **D, T** ☐ Change ☒ Addition
NAME **Am Enck**
STREET ADDRESS **PO Box 265**
CITY-ST-ZIP **Waldo FL 32694**

TITLE **D** ☐ Change ☒ Addition
NAME **Chuck Hall, Supermarket**
STREET ADDRESS **Hwy 301**
CITY-ST-ZIP **Waldo FL 32694**

TITLE **D** ☐ Change ☒ Addition
NAME **Thelma Bay**
STREET ADDRESS **18101 US 301**
CITY-ST-ZIP **Waldo FL 32694**

TITLE **D** ☐ Change ☒ Addition
NAME **Steve Blakewood**
STREET ADDRESS **17805 US Highway 301**
CITY-ST-ZIP **Waldo FL 32694**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 19 2004