2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 021 ****61.25

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05272006 Chg-NP CR2E037 (4/06)

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	WISE, LINDA	BOX 201 U	WALDO, FL 32694	☐
DS	WHITMIRE, CAROLYN	16704 NW 124TH AVE	WALDO, FL 32694	☑
DT	DUBOIS, JAMES J	P.O. BOX 186	WALDO, FL 32694	☐
DV	CROWE, RUTH	P.O. BOX 17	WALDO, FL 32694	☐
D	ENCK, ANN	P.O. BOX 45	WALDO, FL 32694	☐
D	DODD, PENNY	P.O. BOX 459	WALDO, FL 32694	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
OS	Thelma Bay	18101 NE US 301	Waldo, FL 32694	☑	☐
D	Fred Donaldson	P.O. Box 130	Waldo, FL 32694	☐	☑
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Wise — Linda Wise — 8-15-06 — 352-468-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #