

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N13774** (7)

1. Corporation Name

BONE VALLEY FOSSIL SOCIETY, INC.

Principal Place of Business

**2704 DIXIE ROAD
LAKELAND FL 33801-2902**

Mailing Address

**2704 DIXIE ROAD
LAKELAND FL 33801-2902**



3. Date Incorporated or Qualified

03/11/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2673669

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**ALLEN, PHILIP O.
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**S
HOLMAN, ED
2704 DIXIE ROAD
LAKELAND FL**

TITLE NAME ☐ DELETE

**PD
LOU, HARVEY
2102 MONASTERY CIRCLE
ORLANDO FL**

TITLE NAME ☒ DELETE

**VD
STRIDE, HOLLY
507 E. CALHOUN STREET
PLANT CITY FL**

TITLE NAME ☒ DELETE

**TD
METRIN, EDWIN
162 BROADMOOR DR.
LAKE MARY FL**

TITLE NAME ☐ DELETE

**VD
MURPHY, PAUL
527 BUCKMINSTER CIRCLE
ORLANDO FL**

TITLE NAME ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/D

V/D

**SULLIVAN, MARY K.
325 W. WALL ST.
FROSTPROOF FL 33843**

TD

**PROKOPI, WILLIAM M.
3628 GREATWOOD CT
LAKE MARY FL 34639**

S

**METRIN EDWIN
162 BROADMOOR DR
LAKE MARY FL 32746**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM PROKOPI

3-6-96

813 9964184

DATE

DAYTIME PHONE #

CR2E037 (12/95)