

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N13774** (7)

1. Corporation Name

BONE VALLEY FOSSIL SOCIETY, INC.

Principal Place of Business

Mailing Address

2704 DIXIE ROAD
LAKELAND FL 33801-2902

2704 DIXIE ROAD
LAKELAND FL 33801-2802



3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **HOLMAN, ED**
CITY-ST-ZIP **2704 DIXIE ROAD**
LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LOU, HARVEY**
CITY-ST-ZIP **2102 MONASTERY CIRCLE**
ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **P/D**
2.3 STREET ADDRESS **HARVEY, LOU**
2.4 CITY-ST-ZIP **2102 MONASTERY CIRCLE**
ORLANDO FL 32822

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SULLIVAN, MARY K.**
CITY-ST-ZIP **325 W WALL ST**
FROSTPROOF FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TP**
STREET ADDRESS **PROKOPI, WILLIAM M.**
CITY-ST-ZIP **3628 GREATWOOD CT**
LAND O LAKES FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **T/D**
4.3 STREET ADDRESS **PROKOPI WILLIAM M**
4.4 CITY-ST-ZIP **3628 GREATWOOD CT**
LAND O LAKES FL 34639-4607

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **MURPHY, PAUL**
CITY-ST-ZIP **527 BUCKMINSTER CIRCLE**
ORLANDO FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **V/D**
5.3 STREET ADDRESS **WILDFONG, BILL**
5.4 CITY-ST-ZIP **639 WOODLEY RD**
MAITLAND FL 32751-3240

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **METRIN, EDWIN**
CITY-ST-ZIP **162 BROADMOOR DR**
LAKE MARY FL

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WILLIAM M. PROKOPI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 22 97
Date

(813) 996 4184
Daytime Phone # 0052496

CR2E037 (9/96)