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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33801-2802**

Mailing Address
**2704 DIXIE ROAD
LAKELAND FL 33801-2802**

3. Date Incorporated or Qualified
03/11/1986

4. FEI Number
59-2673669
Applied For ☐ Not Applicable ☒

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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

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

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

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

TITLE **VD** ☒ DELETE
NAME **WILDFONG, BILL**
STREET ADDRESS **639 WOODLEY RD**
CITY-ST-ZIP **MAITLAND FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD PROKOPI WILLIAM M.**
4.3 STREET ADDRESS **3628 GREATWOOD CT**
4.4 CITY-ST-ZIP **LAKE O LAKES FL 34639**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VD METRIN EDWIN**
6.3 STREET ADDRESS **162 BROADMOOR DR**
6.4 CITY-ST-ZIP **LAKE MARY FL**

14. 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 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

APR 22 1998

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