

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

19963-5-96 B-1889-C

DOCUMENT # **N18409 (5)**

1. Corporation Name
MONSANTO EMPLOYEES RECREATION ASSOCIATION, INCORPORATED



Principal Place of Business: **MONSANTO CO. GONZALEZ FL 32560 US**
Mailing Address: **PO BOX 97 GONZALEZ FL 32560 US**

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2810432**
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
**DEAN, ELTON F
761 PINEY LN
CANTONMENT FL 32533**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, GLENDANELLE	
STREET ADDRESS	410 CHADSON ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD/ PD	<input type="checkbox"/> DELETE
NAME	DEAN, ELTON	
STREET ADDRESS	761 PINEY LN	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WISE, SHIRLEY	
STREET ADDRESS	150 DAYLILY RD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DREYER, GARY	
STREET ADDRESS	3262 WIGGINS LN	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKIRIUS, STEVE	
STREET ADDRESS	10811 SHADOW CREEK	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, HARRELL	
STREET ADDRESS	2800 REESE LANE	
CITY-ST-ZIP	CANTONMENT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/23/96** (904) 7471 968

CR2E037 (12/95)