

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 # N21323

(3)

1. Corporation Name

HARRY-ANNA CHARITIES, INC.



Principal Place of Business

Mailing Address

C/O FRANK D. WILLIS, JR.  
635 UMATILLA BLVD.  
UMATILLA FL 32784

P O BOX 49  
UMATILLA FL 32784-0049  
US

3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2825884

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

WILLIS, FRANK D JR.  
635 UMATILLA BLVD.  
UMATILLA FL 32784

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 as applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

D

NAME

CALLAHAM, AUBREY L

STREET ADDRESS

3529 STRATFORD LANE

CITY - ST - ZIP

PACE FL

TITLE

D

NAME

BROWN, BEN S JR

STREET ADDRESS

215 LAKEVIEW ST

CITY - ST - ZIP

UMATILLA FL

TITLE

S

NAME

WILLIS, FRANK D JR.

STREET ADDRESS

635 UMATILLA BLVD

CITY - ST - ZIP

UMATILLA FL

TITLE

VD

NAME

HENLEY, WM. LARRY

STREET ADDRESS

3439 MERRIMAC DR

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

D

NAME

DOMINIANNI, GEORGE

STREET ADDRESS

142 FOSTER LANE

CITY - ST - ZIP

PALM COAST FL

TITLE

PD

NAME

SHASHY, RICHARD M

STREET ADDRESS

3804 NE 19TH ST CIR

CITY - ST - ZIP

OCALA FL

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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:

Frank D. Willis, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

(352) 669-2241

Daytime Phone #

CR2E037 (12/95)