

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21954

(5)

1. Corporation Name

OKLAWAHA RIVER EXPRESS, INC.



Principal Place of Business

14345 S.E. 80TH AVENUE
SUMMERFIELD FL 34491
US

Mailing Address

14345 S.E. 80TH AVENUE
SUMMERFIELD FL 34491
US

3. Date Incorporated or Qualified
08/07/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number

59-2911743

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

CUMMINGS, JOLENE
14345 SE 80TH AVENUE
SUMMERFIELD FL 32691

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

Jolene Cummings

Jolene Cummings/Director

3-5-96

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 PD ☐ DELETE

NAME MASSEY, MARY ANNE
STREET ADDRESS 14105 S.W. 44TH ST.
CITY-ST-ZIP SUMMERFIELD FL

TITLE VP ☐ DELETE

NAME CUMMINGS, DAVID
STREET ADDRESS 14345 S.E. 80 AVE.
CITY-ST-ZIP SUMMERFIELD FL

TITLE DS ☐ DELETE

NAME CUMMINGS, JOLENE
STREET ADDRESS 1435 S.E. 80 AVE.
CITY-ST-ZIP SUMMERFIELD FL

TITLE TD ☐ DELETE

NAME CUMMINGS, JOLENE
STREET ADDRESS 14345 S.E. 80 AVE.
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☒ DELETE

NAME COON, JACKIE
STREET ADDRESS 5616 OAK LANE
CITY-ST-ZIP FRUITLAND PARK FL

TITLE D ☒ DELETE

NAME DOBSON, ANN
STREET ADDRESS 1908 SOUTH STREET
CITY-ST-ZIP LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President D ☒ Change ☐ Addition

1.2 NAME David Cummings
1.3 STREET ADDRESS 14345 SE 80 AVE
1.4 CITY-ST-ZIP Summerfield, FL 34491

2.1 TITLE Vice Pres D ☒ Change ☐ Addition

2.2 NAME Mary Anne Massey
2.3 STREET ADDRESS 14105 SW 44th St
2.4 CITY-ST-ZIP Summerfield, FL 34491

3.1 TITLE Secretary D ☐ Change ☐ Addition

3.2 NAME Jolene Cummings
3.3 STREET ADDRESS 14345 SE 80 Ave
3.4 CITY-ST-ZIP Summerfield FL 34491

4.1 TITLE Treasurer ☐ Change ☐ Addition

4.2 NAME Jolene Cummings
4.3 STREET ADDRESS 14345 SE 80 AVE
4.4 CITY-ST-ZIP Summerfield, FL 34491

5.1 TITLE ☐ Change ☐ Addition

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

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☐ Change ☐ Addition

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:

Jolene Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (904) 245-5295

Date

Daytime Phone #

CR2E037 (12/95)