

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 # N23922

(0)

1. Corporation Name

DUVALL HOME FOUNDATION, INC.



Principal Place of Business

Mailing Address

**3395 GRAND AVENUE
GLENWOOD FL 32722
US**

**P O BOX 220036
GREENWOOD FL 32722
US**

3. Date Incorporated or Qualified
12/16/1987

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2910069

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

**DAVIS, W. BLAKE
3395 GRAND AVENUE
GLENWOOD FL 32722**

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 **D** ☐ DELETE
NAME **WHITE, TED**
STREET ADDRESS **W. HIGHWAY 66**
CITY- ST- ZIP **LADY LAKE FL**

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

TITLE **D** ☐ DELETE
NAME **ZIMMERMAN, DELBERT WAYNE**
STREET ADDRESS **RT 2 BOX 1450 NURSERY RD**
CITY- ST- ZIP **FRUITLAND PARK FL**

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

TITLE **D** ☐ DELETE
NAME **RINKER, MARSHALL**
STREET ADDRESS **140 WILLADEL DRIVE**
CITY- ST- ZIP **BELLEAIR FL**

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

TITLE **D** ☐ DELETE
NAME **KIRKPATRICK, JOHN B. JR.**
STREET ADDRESS **1601 BUENA VISTA DRIVE**
CITY- ST- ZIP **EUSTIS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **TUPPER, C FRED**
STREET ADDRESS **329 WEKIVA COVE RD**
CITY- ST- ZIP **LONGWOOD FL**

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

TITLE **D** ☐ DELETE
NAME **HUEBSCH, NEAL D**
STREET ADDRESS **205 E PARKWOOD LN**
CITY- ST- ZIP **EDGEWATER 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 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 the 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN B. KIRKPATRICK
CHAIRMAN**

5/22/96 (904) 734-2874

CR2E037 (12/95)