

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 # **N31134** (2)

1. Corporation Name

NCAYAR, INC.



Principal Place of Business
**C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107. PRESIDENTIAL SQR
SARASOTA FL 34235**

Mailing Address
**C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107. PRESIDENTIAL SQR
SARASOTA FL 34235**

3. Date Incorporated or Qualified **03/13/1989** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
4. FEI Number **65-0108629** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country 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

**LINGLE, HELEN FONDREN
5250 17TH STREET, SUITE 107
PRESIDENTIAL SQUARE
SARASOTA FL 34235**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGLE, HELEN FONDREN	1.2 NAME	
STREET ADDRESS	5250 17TH ST., #107	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIN, TOM	2.2 NAME	
STREET ADDRESS	5 LIGHTHOUSE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HATTERAS NC	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, TOM	3.2 NAME	
STREET ADDRESS	1605 MAIN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENEY, JAMES	4.2 NAME	
STREET ADDRESS	5700 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, WENDY	5.2 NAME	
STREET ADDRESS	49098 HIDDEN OAK TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Helen Fondren Lingle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Fondren Lingle 1/18/96

Date

(941)378-4793

Daytime Phone #

CR2E037 (12/95)