


FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Sandra B. McHam Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N 38951 <small>1. Corporation Name</small> | | | |
| Principal Place of Business 115 Roddenberry Sink Rd. Crawfordville, FL 32327 | | Mailing Address P O Box 52 St. Marks, FL 32355 | |
| 2. Principal Place of Business 21 115 Roddenberry Sink Rd <small>Suite, Apt. #, etc.</small> | | 2a. Mailing Address 26 P O Box 52 <small>Suite, Apt. #, etc.</small> | |
| 22 City & State Crawfordville FL | | 27 City & State St. Marks, FL | |
| 23 Zip 32327 | | 29 Zip 32355 | |
| 24 Country USA | | 30 Country USA | |
| 3. Date Incorporated or Qualified 7/5/90 | | 3a. Date of Last Report 1/4/96 | |
| 4. FEI Number 59-8803306582 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent Mickey Canter 133 Forbes St. St. Marks, FL 32355 | | 10. Name and Address of New Registered Agent 81 Name Tom King 82 Street Address (P.O. Box Number is Not Acceptable) 115 Roddenberry Sink Rd 83 84 City Crawfordville FL 85 Zip Code 32327 | |
| 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: <u>Thomas W. King</u> <u>Tom King</u> Chairman <u>7/9/96</u> <small>(NOTE: Registered agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE CD <input checked="" type="checkbox"/> DELETE NAME Mickey Canter STREET ADDRESS 133 Forbes St. CITY-ST-ZIP St. Marks, FL 32355 | 11 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Tom King 13 STREET ADDRESS 115 Roddenberry Sink Rd 14 CITY-ST-ZIP Crawfordville, FL 32327 | 15 904-426-1215 | |
| TITLE C <input checked="" type="checkbox"/> DELETE NAME Gretchen Evans STREET ADDRESS 6527 Coastal Hwy CITY-ST-ZIP Crawfordville, FL 32327 | 21 TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME Cathy Finch 23 STREET ADDRESS 19 Lacy Park 24 CITY-ST-ZIP P O Box 729 Crawfordville, FL 32327 | 25 32327 | |
| TITLE T <input checked="" type="checkbox"/> DELETE NAME Patti Suddath STREET ADDRESS P O Box 364 CITY-ST-ZIP St. Marks, FL 32355 | 31 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME Cathy King 33 STREET ADDRESS 115 Roddenberry Sink Rd 34 CITY-ST-ZIP Crawfordville, FL 32327 | 35 | |
| TITLE D <input checked="" type="checkbox"/> DELETE NAME Cathy Finch STREET ADDRESS Rt 1 Box 284X CITY-ST-ZIP Lamont, FL 32366 | 41 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME Gretchen Evans 43 STREET ADDRESS 6527 Coastal Hwy 44 CITY-ST-ZIP Crawfordville, FL 32327 | 45 | |
| TITLE D <input type="checkbox"/> DELETE NAME Terri Johnson STREET ADDRESS Rt 7 Box 7595 CITY-ST-ZIP Crawfordville, FL 32327 | 51 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 1137 Wakulla Arroyo Rd. 53 STREET ADDRESS 54 CITY-ST-ZIP | 55 7/31/96 | |
| TITLE D <input type="checkbox"/> DELETE NAME Jackie Youngstrand STREET ADDRESS Rt 4 Box 8172 CITY-ST-ZIP Crawfordville, FL 32327 | 61 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 561 River Plantation 63 STREET ADDRESS \$6 Deposited by Bank 64 CITY-ST-ZIP | 65 | |
| 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)(a), 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: <u>Thomas W. King</u> <u>Tom King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 7/4/96 904-488-0534 <small>Date Daytime Phone #</small> | |

CP2E037 (12/95)