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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

APPROVED
AND
FILED

1052

96 MAY -1 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N41848** (5)
1. Corporation Name
**OLUSTEE BATTLEFIELD CITIZENS SUPPORT ORGANIZATIO
N, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 382
GLEN ST. MARY FL 32040

P.O. BOX 382
GLEN ST. MARY FL 32040

3. Date Incorporated or Qualified

01/29/1991

3a. Date of Last Report

08/18/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICK CHAPPLE
3390 LAUREL GROVE NORTH
JACKSONVILLE FL 32223

81

Name
Valinda Subic

82

Street Address (P.O. Box Number is Not Acceptable)

US 41 N

83

PO Drawer G

84

City
White Springs

FL

85

Zip Code
32096

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

Valinda Subic

VALINDA SUBIC

4/22/96

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KEPNER, BRIAN
3426 NW 22 TERR
GAINESVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WILLIAMS, ALICE
114. BARBARA CIRCLE
MACCLENNY FL 32063**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MARGARET ANN NELSON
169 WEST IVY ST.
MACCLENNY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CHAPPLE, RICK
3390 LAUREL GROVE NORTH
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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:

Clia J. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 **904/259-3965**
Date Daytime Phone #

CR2E037 (12/95)