

FILE NOW: FILING FEE IS \$61.20

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N44028 (1)

1. Corporation Name

BYRNEVILLE COMMUNITY CENTER, INC.



Principal Place of Business

Mailing Address

**1725 HWY 4-A
CENTURY FL 32535
US**

**GANDY, PAULINE
3740 HWY 4-A
CENTURY FL 32535
US**

3. Date Incorporated or Qualified
06/24/1991

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3074108

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

**MARININ, SHARON
960 BYRNEVILLE RD.
CENTURY FL 32535**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **PORZ, WALTER**
STREET ADDRESS **2320 HWY 168**
CITY-ST-ZIP **CENTURY FL**

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

TITLE **DV** ☒ DELETE
NAME **GANDY, CARL**
STREET ADDRESS **3740 HWY 4-A**
CITY-ST-ZIP **CENTURY FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **OT Rne Bolen**
2.3 STREET ADDRESS **7600 Killam Rd**
2.4 CITY-ST-ZIP **Century Fl 32535**

TITLE **DS** ☐ DELETE
NAME **NALL, KRYSTAL**
STREET ADDRESS **2091 HWY 4-A**
CITY-ST-ZIP **CENTURY FL**

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

TITLE **T** ☒ DELETE
NAME **GANDY, PAULINE**
STREET ADDRESS **3740 HWY 4-A**
CITY-ST-ZIP **CENTURY FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Mike Gandy**
4.3 STREET ADDRESS **2091 Hwy 4-A**
4.4 CITY-ST-ZIP **Century Fla 32535**

TITLE **D** ☐ DELETE
NAME **MORGAN, JOHN**
STREET ADDRESS **1780 HWY 4-A**
CITY-ST-ZIP **CENTURY FL**

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

TITLE **D** ☒ DELETE
NAME **HUTTO, REV. W**
STREET ADDRESS **7110 GLORYLAND RD.**
CITY-ST-ZIP **CENTURY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **D Danny Morgan**
6.3 STREET ADDRESS **1738 Hwy 4-A**
6.4 CITY-ST-ZIP **Century Fl 32535**

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: *James R. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(904) 256-3474

Daytime Phone #

CR2E037 (12/95)