FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45178** **(3)**

1. Corporation Name
SANFORD HISTORICAL DOWNTOWN WATERFRONT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4394 SANFORD FL 32772-4394	P.O. BOX 4394 SANFORD FL 32772-4394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 04/19/1994
4. FEI Number: 52-1785524 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / County (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / County (30)

9. Name and Address of Current Registered Agent

LAYER, ROD
308 E COMMERCIAL ST
P.O. BOX 4394
SANFORD FL 32771

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rod Layer Rod Layer 4/4/95
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	11 TITLE		☐ Change ☐ Addition
NAME	LAYER, ROD	12 NAME		
STREET ADDRESS	308 E COMMERCIAL ST	13 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	MADORE, GIL	22 NAME	MOORE, JEAN	
STREET ADDRESS	205 E FIRST ST	23 STREET ADDRESS	116 E. FIRST ST	
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP	SANFORD, FL 32771	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	MARSHALL, JANE	32 NAME	LEONE, ROSE MARY	
STREET ADDRESS	6003 DOGWOOD DRIVE	33 STREET ADDRESS	301 E. FIRST ST	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	SANFORD FL 32771	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	DELILAH, TERRANOVA	42 NAME	MORRISON, DOROTHY	
STREET ADDRESS	301 E FIRST ST	43 STREET ADDRESS	206 E. FIRST ST	
CITY ST ZIP	SANFORD FL	44 CITY ST ZIP	SANFORD FL 32771	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HIBBARD, KATHY	52 NAME		
STREET ADDRESS	211-C E FIRST ST	53 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	YATES, MARTHA	62 NAME		
STREET ADDRESS	111 S MAGNOLIA AVE	63 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	64 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)(i), 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: Rodney L. Layer PRESIDENT 4/6/95 407-323-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RODNEY L. LAYER

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