

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 # **N45689** (9)

1. Corporation Name

MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINING COMMITTEE G.N.J. PROPERTIES, INC.

Principal Place of Business

P.O. BOX 292012
PORT ORANGE FL 32129

Mailing Address

P.O. BOX 292012
PORT ORANGE FL 32129



3. Date Incorporated or Qualified
10/21/1991

3a. Date of Last Report
04/06/1995

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

**GAILEY, HENRY W
1254 LPGA BLVD.
APT. D
HOLLYHILL FL 32117**

81 Name

same

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
WHALEY, MICHAEL**
STREET ADDRESS **431 OAK PARK CIR**
CITY-STATE-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **S
GAILEY, HENRY W**
STREET ADDRESS **1254 LPGA BLVD. APT D**
CITY-STATE-ZIP **HOLLYHILL FL**

TITLE ☐ DELETE

NAME **D
WIGGINS, BILLY E**
STREET ADDRESS **6222 SANTA MONICA DR**
CITY-STATE-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME **T
RANEW, BILL**
STREET ADDRESS **4025 BEXHILL DR**
CITY-STATE-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE

NAME **D
WILLIAMS, LARRY C**
STREET ADDRESS **834 MAGNOLIA AVE**
CITY-STATE-ZIP **DAYTONA BEACH FL**

TITLE ☒ DELETE

NAME **D
LUKE, JERRY W**
STREET ADDRESS **482 HAND AVE**
CITY-STATE-ZIP **ORMOND BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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: *Henry W. Gailey* (Henry W. Gailey)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (904) 255/418
Date Daytime Phone #

CR2E037 (12/95)