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FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45689** (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 292012
PORT ORANGE FL 32129

P.O. BOX 292012
PORT ORANGE FL 32129



3. Date Incorporated or Qualified

10/21/1991

4. FEI Number

59-3116870

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIGGINS, JOSEPH P
913 PENINSULA DR
ORMOND BEACH FL 32174

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHALEY, MICHAEL	
STREET ADDRESS	431 OAK PARK CIR	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAILEY, HENRY W	
STREET ADDRESS	112 POWELL BLVD APT 4105	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WIGGINS, BILLY E	
STREET ADDRESS	6222 SANTA MONICA DR	
CITY-ST-ZIP	PORT ORANGE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANOW, BILL	
STREET ADDRESS	4025 BEXHILL DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LARRY C	
STREET ADDRESS	834 MAGNOLIA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CONNERLY, RICK W	
STREET ADDRESS	803 KNOLLVIEW BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ranow, Bill	
1.3 STREET ADDRESS	4025 Bexhill Drive	
1.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	

2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wiggins, Joseph P.	
2.3 STREET ADDRESS	913 Peninsula Drive	
2.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Connerly, Rick W.	
4.3 STREET ADDRESS	803 Knollview Blvd.	
4.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gailey, Henry W.	
5.3 STREET ADDRESS	112 Powell Blvd., Apt. 4105	
5.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lynch, Michael	
6.3 STREET ADDRESS	2254 Green Street	
6.4 CITY-ST-ZIP	South Daytona, Fl. 32121	

14. I hereby certify that the information supplied with this filing 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

Joseph P. Wiggins

1/20/98

CR2E037 (10/97)