FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

FILED								
Jan 29	1996	8:00am						
Secre	FILED n 29 1996 8:00am Secretary of State							

DOCUI	MENT # N46340	(8) C				,		
LANDON ALUMNI ASSOCIATION, INC.								
Principal Place	e of Business	Mailing Address			(I PROTITIOL OLL OIDIN CITAC TIMIN CITAL A	IBIN BIBAL DEBUT BIBUT BIBEI) 01041 B1011 1004	
9951 ATLANT SUITE 209 JACKSONVIL		9951 ATLANTIC BLVD. SUITE 209 JACKSONVILLE FL 322	25		3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last 03/02/1		
	lace of Business	2a. Mailing Address			4. FEI Number 59-3015112	1	Applied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.					Not Applicable Additional	
22		27			5. Certificate of Status Desired	7	Required	
City & State 23	0	City & State			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip 24	Country 25	7)p	Z _{ID} Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current		1941		10. Name and Address of New Re	gistered Agent		
			8	1 Name				
	TELD, MARKS R. FLANTIC BLVD.			2 Street Ad	ldress (P.O. Box Number is Not Acceptable)		
	DNVILLE FL 32225			4 City		- 85 Z	p Code	
			1	1 "				
or register familiar wi	red agent, or both, in the State of Florid ith, and ecoupt the obligations of Social Comments of the State of Social Signature, based or profest representing directing of a	Culthan			oration submits this statement for the purp bard of directors. I hereby accept the appol ared when reinstating?	ntment as registered	agent. I am	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	PRS IN 12	
THLE	D	DETER	1.1 TITL			☐ Change	☐ Addition	
NAME	BLANKFIELD, MARKS R.		1.2 NAM	E				
STREET ADDRESS	9951 ATLANTIC BLVD, #209		. 1 3 STRE	ET ADORESS			ļ	
CITY-ST-ZIP	JACKSONVILLE FL			-ST-ZIP				
TITLE	D DATE OF DOLLAR	DELETE	21 TITL	· .		☐ Change	Addition	
NAME	GRAHAM, CAROLYN K.		2.2 NAM	· 1				
STREET ADDRESS	968 GLYNLEA RD. JACKSONVILLE FL		5	ET ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	2 4 GIT	(-S1-ZIP		Change	Addition	
NAME	MC CLURE, BETTY		3.2 NAM	į.				
STREET ADDRESS	2770 RAINBOW RD			ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			- ST- ZIP				
TITLE		DELFTE	4 1 TITLE			☐ Change	Addition	
NAME			4. 2 NAN	16			İ	
STREET ADDRESS	1		4.3 STRE	ET ADDRESS)	
CITY-ST-ZIP	<u></u>		4.4 CITY	-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			52 NAM	I .			ļ	
STREET ADDRESS				ET ADDRESS			[
CITY-ST-ZIP		Floring		-\$1-ZIP				
TITLE		DELETE	6 1 7171	1		Change	Addition	
NAME			62 NAM					
STREET ADDRESS				ET ADDRESS			!	
ATV.ST. NO	1		■ 6.4 CITV	. C7 . 7D			l l	

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)(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 certify 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 allochment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR