

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46859 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SCHOLARS, INC.

Principal Place of Business

1515 HICKORY AVENUE
TALLAHASSEE FL 32303

Mailing Address

1515 HICKORY AVENUE
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified

01/16/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3142149

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

WOLLAN, LAURIN A. JR.
1515 HICKORY AVENUE
TALLAHASSEE FL 32303

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 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

DYE, THOMAS, R.

1057 DEL HAVEN DRIVE
DELRAY BEACH FL 33483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

CUZAN, ALFRED G.

P.O. BOX 15389 NA
PENSACOLA FL 32514

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C

WOLLAN, LAURIN A JR.

1515 HICKORY AVE.
TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

CZAJKOSKI, EUGENE H

2340 KILKENNY EAST
TALLAHASSEE FL 32308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

EHRlich, PAUL,

108 N.W. 22ND DRIVE
GAINESVILLE FL 32605

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GENTRY, DAVID,

3917 N.W. 27TH PLACE
GAINESVILLE FL 32605

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:

L.A. Wollan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

981-222-7426

Daytime Phone

CR2E037 (12/95)