

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 # N50052 (2)

1. Corporation Name

EL RANCHO VILLA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

5002 Kilkerin Ct
9013 WARBLER STREET
TALLAHASSEE FL 32310-8939
32308

Mailing Address

5002 Kilkerin Ct
9013 WARBLER STREET BOX 3971
TALLAHASSEE FL 32310-8939 Fla.
32315



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
02/15/1995

4. FEI Number

59-3150229

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

10. Name and Address of New Registered Agent

PETERSON, SHIRLEY M
9013 WARBLER STREET
TALLAHASSEE FL 32310

Erwin Jackson, PhD.
5002 Kilkerin Ct.
Tallahassee, FL 32315

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5002 Kilkerin Ct
Tallahassee, Fla

84 City

FL

85 Zip Code

32308

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

Erwin Jackson

(NOTE: Registered Agent signature required when reinstating)

4-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	CASSELLS, JIM	
STREET ADDRESS	1701 BROKEN BOW TR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	DELETE
NAME	FITZPATRICK, GARY	
STREET ADDRESS	5158 ILE DE FRANCE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	DELETE
NAME	PETERSON, SHIRLEY	
STREET ADDRESS	9013 WARBLER ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	DELETE
NAME	PEARSON, CHRIS	
STREET ADDRESS	1714 PRINCE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	DELETE
NAME	DELUSLE, FUTCH	
STREET ADDRESS	2139 ARMISTEAD RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Erwin D. JACKSON	
1.3 STREET ADDRESS	5002 Kilkerin Ct.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32315	
2.1 TITLE	ST. Tom Harrington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1905 Prince St.	
2.3 STREET ADDRESS	Tally, Fla 32303	
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pearson, Chris	
4.3 STREET ADDRESS	1714 Prince St	
4.4 CITY-ST-ZIP	Tally, Fla	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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☐ Change ☐ Addition

5.16

14. I do hereby certify that the information supplied with this filing is true and correct 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-96 894-7368

CR2E037 (12/95)