	FILE NO	W. FILINO	FFF 10 AC						***	<del></del>
NONPROFIT CORPORATION ANNUAL REPORT 1996		W: FILING	FLORIDA DEPAR Sandra E Secreta	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # N50557 (0			(0)							
	REFOOT BAY COMI	MUNITY FUND. I	NC.							
Principal F	lace of Business		lailing Address					<b> </b>	i Cibil Akbil Bişik Şi	EII BIBII BIBII IEBI
625 BAREFOOT BLVD BAREFOOT BAY FT 32976 US			P O BOX 779 186 BAREFOOT BAY FL 32976 US				Date Incorporated or Q	uslified	2a Dota of Law	1 Co.
							08/19/1992	uameu	3a. Date of Las 04/07/	
2. Principi 21	al Place of Business	2a 26	. Mailing Address	-			4. FEI Number 59-3139673			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					elina d	<b>\$8.7</b>	Not Applicable  5 Additional
City 8 5	State	27	C4. 9 C4-1-				5. Certificate of Status De			Required
23	state	28	City & State				<ol><li>6. Election Campaign Fina Trust Fund Contribution</li></ol>			00 May Be led to Fees
Zip	Coun 25	1try <b>29</b>	Zip	Coun	try		8. This corporation has lial			s. 199.032,
		ress of Current Regis	stered Agent	[30]			Florida Statutes  10. Name and Address o		Yes OKNO Itered Agent	<del></del>
11. Pursu	BOURNE FL 32901 ant to the provisions of Sec stered agent, or both, in th r with, and accept the oblig	ie State of Florida, Suci	i change was authorized	the above	64 City e-named corporation's	orporati s board	on submits this statement for of directors. I hereby accept	the purpose the appointm	FL	Zip Code registered office ad agent. I am
	Signature, typed or printed name	ne of registered agent and title if			gent signature	w beriuper	hen reinstating)		DATE	
TITLE	PE	OFFICERS AND DIREC	DELETE	13. 1.1 TiTL	F	D	ADDITIONS/CHANGES	TO OFFICER	RS AND DIRECT Change	
NAME STREET ADORE CITY-ST-21P	MEYERSON, DO 961 FRANGI PAI BAREFOOT BAY	NI		1.2 NAA 1.3 STR		0' 12	KEEFE, Maril	VE	Grange	M Southers
TITLE	T		DELETE	2 1 TITL		BA	REFOOT BAY F	<u>u</u>	Change	Addition
NAME STREET ADDRE	KROM, BENJAM ss 1324 N OLEAND			2.2 NAM 2.3 STB	IE Eet address					
CITY-ST-ZIP	BAREFOOT BAY	FL			Y-ST-ZIP					
TITLE NAME	VP Snellbaker, H	INVCE	DELETE	3.1 TITL					Change	☐ Addition
STREET ADDRE				3.2 NAM 3.3 STR	IL Eft address					
CITY-ST-ZIP	BAREFOOT BAY	FL			Y - ST - ZIP			•		
TITLE	D THIRDEAU DOG	ornt M	DELETE	41 TITL					☐ Change	☐ Addition
NAME STREET ADDRE	SS 1007 E BAREFO			4. 2 NA						
CITY-ST-ZIP	BAREFOOT BAY				FET ADDRESS '-ST-ZIP					
TITLE	PD		DELETE	51 TITL					☐ Change	☐ Addition
NAME	CANHAM, FLORI			5.2 NAN						
STREET ADDRE	ss 825 S WATERWA BAREFOOT BAY	**			ET ADDRESS					
CITY-ST-ZIP TITLE	SD SD	16	DELETE	5.4 CITY 6 1 TITL	-ST-ZIP E	-			☐ Change	Addition
NAME	CARROLL, LEO	F		6.2 NAM					Ontingo	Radiion
STREET ADDRE					ET ADDRESS					

STREET ADDRESS
BAREFOOT BAY FL

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 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

4-16-96 (407) 664-0071