

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:17

DOCUMENT # N50752

(7)

1. Corporation Name

COALITION OF GREEN SWAMP PROPERTY OWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O DRAWER 840 P O DRAWER 840
LAKE WALES FL 33859-0840 LAKE WALES FL 33859-0840

3. Date Incorporated or Qualified 08/25/1992 3a. Date of Last Report 05/01/1994

4. FEI Number 59-3142771 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability in Florida Statutes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANDON, JACK P.
C/O PETERSON, MYERS, CRAIG, CREWS, ET AL
130 E CENTRAL AVENUE
LAKE WALES FL 33853

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JAHNA, EMIL, III	12 NAME	
STREET ADDRESS	122 E TILMAN AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GIRTMAN, WILLIAM	22 NAME	
STREET ADDRESS	200 N PHOSPHATE BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALBRITTON, KALE	32 NAME	
STREET ADDRESS	123 KENTUCKY AVE N	33 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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)(4), 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 817, 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

(Signature) (Name)