

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50796 (4)
1. Corporation Name
BETTON WOODS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

2360 POTTS RD.
TALLAHASSEE FL 32308

Mailing Address

2360 POTTS RD.
TALLAHASSEE FL 32308



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETHERSBY, RICK
2360 POTTS RD.
TALLAHASSEE FL 32301-1

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 LE	
NAME	WITTER, SALLY	1.2 ME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2651 EGRET LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, ROY	2.2 ME	
STREET ADDRESS	2589 NOBLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZ, DIANE	3.2 ME	
STREET ADDRESS	2529 GOOSE POND CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERSBY, RICK	4.2 ME	
STREET ADDRESS	2360 POTTS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	V	5.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, ANN	5.2 ME	
STREET ADDRESS	2682 NOBLE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	S	6.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHAM, PALT	6.2 ME	
STREET ADDRESS	2370 POTTS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 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 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:

Rick Weather
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 904-385-1155
Date Daytime Phone #

CR2E037 (12/95)