

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N50796

(4)

1. Corporation Name

BETTON WOODS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2360 POTTS RD.
TALLAHASSEE FL 32308

2360 POTTS RD.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

NA

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

☐ DELETE

NAME

WITTER, SALLY
2651 EGRET LANE
TALLAHASSEE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

FORMAN, ROY
2589 NOBLE DR.
TALLAHASSEE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

SALZ, DIANE
2529 GOOSE POND CT.
TALLAHASSEE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

☐ DELETE

NAME

WEATHERSBY, RICK
2360 POTTS RD.
TALLAHASSEE FL 32308

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

MCLEOD, ANN
2662 NOBLE DR.
TALLAHASSEE FL 32308

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

KETCHAM, PALT
2370 POTTS RD.
TALLAHASSEE FL 32308

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND SIGNATURE REQUIRED

FILED
Sep 17 1997 8:00am
Secretary of State



CP2E037 (4/97)