

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 # N50862 (4)

1. Corporation Name

THE FLORIDA EMU ASSOCIATION, INC.



Principal Place of Business

18934 LOBLOLLY BAY COURT
JUPITER FL 33458

Mailing Address

18934 LOBLOLLY BAY COURT
JUPITER FL 33458

3. Date Incorporated or Qualified
09/16/1992

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3184273

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

NICKLER, ARTHUR L
18934 LOBLOLLY BAY CT
JUPITER FL 33458

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME PADGETT, DARRYL
STREET ADDRESS 560 BETHANY LANE
CITY-ST-ZIP WEST PALM BCH FL

TITLE D ☒ DELETE
NAME CARTER, GLEN
STREET ADDRESS 3611 LETTUCE LANE
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE D ☐ DELETE
NAME NICKLER, ARTHUR L
STREET ADDRESS 18934 LOBLOLLY BAY CT
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR-SECRETARY ☐ Change ☒ Addition
12 NAME BRAD BURT
13 STREET ADDRESS 594 SAMSULA
14 CITY-ST-ZIP NEW SMYRNA, FL 32168

21 TITLE DIRECTOR ☐ Change ☒ Addition
22 NAME LEE CHALKER
23 STREET ADDRESS 645 BETLINER DR
24 CITY-ST-ZIP QUINCY, FL 32551

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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: Arthur L Nickler ARTHUR L. NICKLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 561-575-6643
Date Daytime Phone

CR2E037 (12/95)