

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:40

DOCUMENT # **N93000000422 (6)**

1. Corporation Name

**REALISTS OPPOSING ALLEGED RESTORATION (ROAR), IN C.**

Principal Place of Business

Mailing Address

19590 NW 80TH DRIVE  
OKEECHOBEE FL 34972-9664

19590 NW 80TH DRIVE  
OKEECHOBEE FL 34972-9664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/27/1993**

3a. Date of Last Report  
**02/25/1994**

4. FEI Number  
**65-0416021**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARR, SUSAN  
1001 VALRICO LAKE ROAD  
VALRICO FL 33594

*Change of Address*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1645 SIR HENRY TRAIL**

83

84 City

**LAKELAND FL**

**FL**

85

Zip Code

**33809**

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 (to if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	THULLBERY, CAROLYN
STREET ADDRESS	19560 NW 80TH DR.
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	V
NAME	LUNSFORD, J.W.
STREET ADDRESS	25801 HWY. 60 E.
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	V
NAME	BLACKWELDER, RICHARD
STREET ADDRESS	9 LAKEVIEW
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	S
NAME	WILDEMAN, ZORIDA
STREET ADDRESS	1817 SHADY LANE
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	DT
NAME	BASS, JO ANNE
STREET ADDRESS	16205 HWY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D
NAME	GRIFFIN, RUTH
STREET ADDRESS	19220 NW 80 DR.
CITY-ST-ZIP	OKEECHOBEE FL 34972

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V CAROL ANN POWELL</b>
2.3 STREET ADDRESS	<b>17350 NW 144th AVE</b>
2.4 CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S DEBRA FRANK</b>
4.3 STREET ADDRESS	<b>964 COUNTY Rd 721 Lot 174</b>
4.4 CITY-ST-ZIP	<b>LORIDA FL 33857</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DT BRIA BOYER</b>
5.3 STREET ADDRESS	<b>PO BOX 254 NA</b>
5.4 CITY-ST-ZIP	<b>FAIRFORD FL 33843</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

*Carolyn Thullbery, PRESIDENT*

**03/13/95 813-467-6095**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone #