

**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 # **N93000000422 (6)**

1. Corporation Name

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



Principal Place of Business: 19590 NW 80TH DRIVE OKEECHOBEE FL 34972-9664  
Mailing Address: 19590 NW 80TH DRIVE OKEECHOBEE FL 34972-9664

3. Date Incorporated or Qualified: **01/27/1993**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **65-0416021**  
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

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

**9. Name and Address of Current Registered Agent**

**MARR, SUSAN  
1645 SIR HENRY TRAIL  
LAKELAND FL 33809**

**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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THULLBERY, CAROLYN	
STREET ADDRESS	19560 NW 80TH DR.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAROL ANN POWELL	
STREET ADDRESS	18250 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKWELDER, RICHARD	
STREET ADDRESS	9 LAKEVIEW	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEBRA FRUTH	
STREET ADDRESS	964 COUNTY RD 721 LOT 174	
CITY-ST-ZIP	LORIDA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ORIA BOYER	
STREET ADDRESS	P O BOX 254 N/A	
CITY-ST-ZIP	FROST PROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, RUTH	
STREET ADDRESS	19220 NW 80 DR.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<i>Audrey Dickers</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>1825 Wright Lane</i>	
13 STREET ADDRESS	<i>Lorida FL 33857</i>	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<i>CAROLYN E THULLBERY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<i>19560 NW 80th Dr</i>	
43 STREET ADDRESS	<i>Okeechobee FL 34972</i>	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carolyn E Thullbery* Date: *2/16/96* Daytime Phone #: *941-467-6085*

CR2E037 (12/95)