

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mo'ham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001613 (9)**

1. Corporation Name

**BRICK CITY FIELD PARENTS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~125 N.E. 1ST AVENUE~~  
~~OCALA FL 34471~~

~~XXXXXX~~ P.O. Box 908  
~~XXXXXX~~ Ocala, FL  
~~XX~~ 34478-0908

2. Principal Place of Business

2a. Mailing Address

21 **1211 SE 22nd Road**

26 **P.O. Box 908**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Ocala, FL**

28 **Ocala, FL**

Zip

Country

Zip

Country

24 **34471**

25 **USA**

29 **34478-0908**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**04/06/1993**

3a. Date of Last Report  
**03/01/1995**

4. FEI Number  
**59-3179170**

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

10. Name and Address of New Registered Agent

**WILLIAMS, REUBEN S**  
**125 N.E. 1ST AVENUE**  
**OCALA FL 34470**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**954 E. Silver Springs Blvd.**

83

84 **Ocala**

FL 85 **34470**

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, of 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

*Reuben S. Williams, Jr.*  
**Reuben S. Williams, Jr.**

**Registered Agent**

**4/15/96**

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PEAVY, KIM</b>	
STREET ADDRESS	<b>4090 SE 23RD TERR</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSSON, FRED</b>	
STREET ADDRESS	<b>2151 SE 8TH AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIELINSKI, TODD</b>	
STREET ADDRESS	<b>2632 S.E. 30TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOSER, WAYNE</b>	
STREET ADDRESS	<b>2575 SE 34TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANES, DON</b>	
STREET ADDRESS	<b>2921 S.E. 39TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEBBINS, RON</b>	
STREET ADDRESS	<b>4550 S.E. 98TH LANE</b>	
CITY-ST-ZIP	<b>BELLEVUE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Mary White</b>	
4.3 STREET ADDRESS	<b>3540 SE 22nd Avenue</b>	
4.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Les McGonigal</b>	
6.3 STREET ADDRESS	<b>3613 SE 33rd Avenue</b>	
6.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>	

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:

*Fred Fosson*  
**Fred Fosson, President**

**4/15/96**

**352-351-1100**

Date

Daytime Phone #

CR2E037 (12/95)