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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001613 (9)**

1. Corporation Name

BRICK CITY FIELD PARENTS ASSOCIATION, INC.

Principal Place of Business

**1211 SE 22ND RD
OCALA FL 34471
US**

Mailing Address

**PO BOX 908
OCALA FL 34478-0908
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1993	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3179170	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, REUBEN S
854 E SILVER SPGS BLVD
OCALA FL 34470**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVY, KIM	1.2 NAME	
STREET ADDRESS	4090 SE 23RD TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSSON, FRED	2.2 NAME	Williams, Reuben S.
STREET ADDRESS	2151 SE 8TH AVENUE	2.3 STREET ADDRESS	2195 SE 38th Street
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	Ocala, Florida 34471
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ZIELINSKI, TODD	3.2 NAME	
STREET ADDRESS	2632 S.E. 30TH PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARY	4.2 NAME	Moser, Wayne
STREET ADDRESS	3540 SE 22ND AVE	4.3 STREET ADDRESS	2575 SE 34th Street
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	Ocala, Florida 34471
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MAINES, DON	5.2 NAME	
STREET ADDRESS	2921 S.E. 39TH PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONIGAL, LES	6.2 NAME	Jackson, Richard
STREET ADDRESS	3813 SE 33RD AVE	6.3 STREET ADDRESS	4747 SE 35th Avenue
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - ZIP	Ocala, Florida 34471

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 registered agent 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 in Block 13 if added.

SIGNATURE: **Reuben S. Williams, IV, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 352-619-974

CR2E037 (9/96)