

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003694 (7)**

1. Corporation Name

FLORIDA RATITE ASSOCIATION, INC.



Principal Place of Business 34308 RUFFING RD. DADE CITY FL 33576	Mailing Address P.O. BOX 426 SAN ANTONIO FL 33576-0426
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 03/25/1996
21		26		4. FEI Number 59-3192525	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
	25		30		

9. Name and Address of Current Registered Agent

**CARTER, KATHRYN W
34308 RUFFING ROAD
DADE CITY FL 33525**

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	VDD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, WILLIE	1.2 NAME	PARRISH, WILLIE
STREET ADDRESS	P.O. BOX 446	1.3 STREET ADDRESS	8545 S.E. CR 25
CITY-ST-ZIP	BELLEVIEW FL 34421	1.4 CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, EDWARD	2.2 NAME	PETERS, RAYMOND
STREET ADDRESS	17034 AUBURNDAL LANE	2.3 STREET ADDRESS	31336 ST. JOE RD.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, GEORGE	3.2 NAME	ARMSTRONG, ED
STREET ADDRESS	34308 RUFFING RD	3.3 STREET ADDRESS	17034 AUBURNDAL LANE
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	SPRING HILL, FL 43610
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDARD, MARY E	4.2 NAME	CLOUGH, DAVID
STREET ADDRESS	BOX 137-W, R.R. 2	4.3 STREET ADDRESS	3116 45TH ST. E.
CITY-ST-ZIP	BUSHNELL FL	4.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, KATHY	5.2 NAME	MELLON, DARRYL
STREET ADDRESS	34308 RUFFING RD.	5.3 STREET ADDRESS	1283 RABOGERI DR.
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, RUTH	6.2 NAME	MOBLEY, JIM
STREET ADDRESS	25888 POWELL RD	6.3 STREET ADDRESS	841 BIRDIE WAY
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572

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 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: *Kathryn W. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12/97

Date

Daytime Phone # 0046580

CR2E037 (9/96)

D
GILLIAM, LINDA
3545 MORRIS BRIDGE RD.
ZEPHYRHILLS, FL 33543