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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:51

DOCUMENT # N93000005270 (4)

1. Corporation Name

CITIZENS FOR WATERMELON POND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 145
NEWBERRY FL 32669

P.O. BOX 145
NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3231894

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYES, PATRICIA F
602 S MAIN ST
GAINESVILLE FL 32601

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	STILL, PAUL
STREET ADDRESS	RT 1 BOX 133
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	VD
NAME	MORRIS, DAVID F
STREET ADDRESS	RT 3 BOX 300U-9
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	SD
NAME	ELLISON, SUSAN
STREET ADDRESS	PO BOX 1704 N/A
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	TD
NAME	STEFANELLI, CHARLENE
STREET ADDRESS	28504 SW 63RD AVE
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	D
NAME	SMITH, LOUIS
STREET ADDRESS	P.O. BOX 1560 N/A
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	D
NAME	GORING, BRIAN
STREET ADDRESS	RT 3 BOX 298
CITY-ST-ZIP	NEWBERRY FL 32669

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (PO)	☒ Change ☐ Addition
1.2 NAME	MORRIS, DAVID F.	
1.3 STREET ADDRESS	RT 3, Box 300U-9	
1.4 CITY-ST-ZIP	Newberry, FL 32669	
2.1 TITLE	Vice President (VD)	☐ Change ☒ Addition
2.2 NAME	Jones, Jesse SR.	
2.3 STREET ADDRESS	27121 S.W. 46th Ave	
2.4 CITY-ST-ZIP	Newberry, FL 32669	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer (TD)	☐ Change ☒ Addition
4.2 NAME	SMITH, MARIE W.	
4.3 STREET ADDRESS	29318 S.W. 46th Ave.	
4.4 CITY-ST-ZIP	Newberry, FL 32669	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME	Still, Paul	
6.3 STREET ADDRESS	RT 1, Box 133	
6.4 CITY-ST-ZIP	Newberry, FL 32669	

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: Marie W. Smith (MARIE W. SMITH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 (904)472-2452

DATE DAYTIME PHONE #

Citizens for Watermelon Pond

Corp. Annual Report

P.O. Box 145

1995

Newberry, FL 32669

13. Continued:

Title: D

Name: Ellison, Justin

Street Address: P.O. Box 1704 N/A

City, St-Zip Newberry, FL 32669