

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 # N94000002144 (3)

1. Corporation Name

SUPER SINGLES OF FLORIDA, INC.

Principal Place of Business

431 N GRANDVIEW AVE SUITE B
DAYTONA BEACH FL 32118

Mailing Address

431 N GRANDVIEW AVE SUITE B
DAYTONA BEACH FL 32118



3. Date Incorporated or Qualified
04/28/1994

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 190 S. Nova Rd.

2a. Mailing Address

26 P.O. Box 2504

4. FEI Number
59-3250348

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Ormond Beach, FL

City & State

28 Ormond Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 32174

Country

25 Volusia

Zip

29 32175

Country

30 Volusia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHN S NORTON JR PA
431 N GRANDVIEW AVE SUITE B
DAYTONA BEACH FL 32118

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 D ☒ DELETE

NAME BLAKEMAN, EDMUND
STREET ADDRESS 769 HAWKS RIDGE RD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☒ DELETE

NAME DUPUIS, PAUL
STREET ADDRESS 5454 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☒ DELETE

NAME HEFNER, KATHRYN M
STREET ADDRESS 614 3RD ST
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE D ☒ DELETE

NAME THOMPSON, SHELBY
STREET ADDRESS 2131 POINSETTA DR
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☒ DELETE

NAME POSTON, BETTY
STREET ADDRESS 240-3 ORANGE GROVE DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ DELETE

NAME SECOR, CAROLE
STREET ADDRESS 436 S NOVA ROAD #91
CITY-ST-ZIP ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME Ron Wolf
13 STREET ADDRESS 5242 Christianity Ave
14 CITY-ST-ZIP Port Orange, FL 32127

21 TITLE ☐ Change ☐ Addition

22 NAME Virginia Tupper
23 STREET ADDRESS 16 Lake Point Circle
24 CITY-ST-ZIP Port Orange, FL 32124

31 TITLE ☒ Change ☐ Addition

32 NAME Bill Dabe
33 STREET ADDRESS 21 Arbor Lakes Park
34 CITY-ST-ZIP Ormond Beach, FL 32174

41 TITLE ☒ Change ☐ Addition

42 NAME Betty Still
43 STREET ADDRESS 1524 S. Riverside Dr.
44 CITY-ST-ZIP Edgewater, FL 32132

51 TITLE ☒ Change ☐ Addition

52 NAME Faith Kimble
53 STREET ADDRESS 111 Crooked Pine Rd.
54 CITY-ST-ZIP Port Orange, FL 32124

61 TITLE ☐ Change ☐ Addition

62 NAME Marly Brown
63 STREET ADDRESS 436 S Nova Rd #91
64 CITY-ST-ZIP Ormond Beach, FL 32125

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:

Virginia R. Tupper - Virginia R. Tupper 2/14/96 - 904-760-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)