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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002916 (4)

1. Corporation Name

WEST PUTNAM ATHLETIC ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 1832  
INTERLACHEN FL 32148

Mailing Address

P. O. BOX 1832  
INTERLACHEN FL 32148



3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

LEVINE, MARK S  
245 EAST VIRGINIA ST.  
TALLAHASSEE FL 32301

4. FEI Number

59-3009985

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

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

14. 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 not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

WOMBLE, ED

STREET ADDRESS

130 MELODY LN.

CITY-ST-ZIP

FLORAHOME FL 32140

TITLE

S

NAME

BISHOP, SHELIA

STREET ADDRESS

RT. 4 BOX 553M

CITY-ST-ZIP

INTERLACHEN FL 32148

TITLE

T

NAME

ROBINSON, GEORGE

STREET ADDRESS

RT. 3 BOX 126

CITY-ST-ZIP

INTERLACHEN FL 32148

TITLE

D

NAME

TRULL, MARVIN

STREET ADDRESS

RT. 2 BOX 482B

CITY-ST-ZIP

INTERLACHEN FL 32148

TITLE

D

NAME

MCCLENDON, FRANK

STREET ADDRESS

RT. 1 BOX 129A

CITY-ST-ZIP

HAWTHORNE FL 32640

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

T

12 NAME

McClendon, Frank

13 STREET ADDRESS

RT 1 BOX 129A

14 CITY-ST-ZIP

Hawthorne FL 32640

21 TITLE

D

22 NAME

McClendon, Tye

23 STREET ADDRESS

RT 1 BOX 130

24 CITY-ST-ZIP

Hawthorne, FL 32640

31 TITLE

T

32 NAME

Secretary, Turner

33 STREET ADDRESS

112 Birchdale Tr.

34 CITY-ST-ZIP

Interlachen, FL 32148

41 TITLE

T

42 NAME

Treasure

43 STREET ADDRESS

Joyce Davis

44 CITY-ST-ZIP

RT 4 BOX 23-G

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

Valerie M. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-96

Daytime Phone #

684-1602

CR2E037 (12/95)