SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003760 (5)**

1. Corporation Name

THE AMERICAN NATIONAL DEBT FUND, INC.

Principal Place of Business	Mailing Address
7200 SW 8TH AVENUE STE. L-71 GAINESVILLE FL 32607	7200 SW 8TH AVENUE STE. L-71 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: 7/27/95
4. FEI Number: 59-3202039 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21 7200 S.W. 8 AVE	26 7200 S.W. 8TH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
22 SUITE J-58	27 SUITE J-58	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
23 Gainesville FL	28 GAINESVILLE FL	
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No
24 32607 / 25 Alachua	29 32607 / 30 Alachua	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORSLEY, JONATHAN 7200 SW 8TH AVENUE STE. L-71 GAINESVILLE FL 32607	81 Name: JONATHAN HORSLEY 82 Street Address (P.O. Box Number is Not Acceptable): 7200 SW 8 AVE 83 SUITE J-58 84 City: GAINESVILLE FL 85 Zip Code: 32607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	JONATHAN E HORSLEY III ☑ Change ☐ Addition
NAME	MORSLEY, JONATHAN E III	12 NAME	
STREET ADDRESS	C/O 7200 SW 8TH AVENUE STE. L-71	13 STREET ADDRESS	7200 S.W. 8 AVE SUITE J-58
CITY-ST-ZIP	GAINESVILLE FL 32607	14 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VST	21 TITLE	VST ☑ Change ☐ Addition
NAME	MORSLEY, JACQUELINE C	22 NAME	JACQUELINE C HORSLEY
STREET ADDRESS	C/O 7200 SW 8TH AVENUE STE. L-71	23 STREET ADDRESS	7200 S.W. 8 AVE J-58
CITY-ST-ZIP	GAINESVILLE FL 32607	24 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CLARK, WALLACE R	32 NAME	
STREET ADDRESS	65 CURTIS PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HICKS, MARK	42 NAME	
STREET ADDRESS	POST OFFICE BOX 4683	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OSTERMAN, DAVID	52 NAME	
STREET ADDRESS	ROUTE 2, BOX 362	53 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY TN 38574	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Jonathan Horsley — JONATHAN HORSLEY 7/27/95 — 904 3326811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003204