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Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003760 (5)

1. Corporation Name

THE AMERICAN NATIONAL DEBT FUND, INC.



Principal Place of Business

Mailing Address

7200 SW 8TH AVENUE
STE J-58
GAINESVILLE FL 32607
US

7200 SW 8TH AVENUE
STE J-58
GAINESVILLE FL 32607-1888
US

3. Date Incorporated or Qualified
07/29/1994

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3202039

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORSLEY, JONATHAN
7200 SW 8TH AVENUE
STE J-58
GAINESVILLE FL 32607

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME P
HORSLEY, JONATHAN E. II
STREET ADDRESS 7200 SW 8TH AVE STE J-58
CITY-ST-ZIP GAINESVILLE FL

13. TITLE ☐ Change ☐ Addition

NAME VST
HORSLEY, JACQUELINE C
STREET ADDRESS 7200 SW 8TH AVE STE J-58
CITY-ST-ZIP GAINESVILLE FL

14. TITLE ☐ Change ☐ Addition

NAME D
CLARK, WALLACE R
STREET ADDRESS 65 CURTIS PARKWAY
CITY-ST-ZIP MIAMI SPRINGS FL 33168

15. TITLE ☐ Change ☐ Addition

NAME D
HICKS, MARK
STREET ADDRESS POST OFFICE BOX 4683
CITY-ST-ZIP HIALEAH FL 33014

16. TITLE ☐ Change ☐ Addition

NAME D
OSTERMAN, DAVID
STREET ADDRESS ROUTE 2, BOX 362
CITY-ST-ZIP MONTEREY TN 38574

17. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)