

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # N94000005602 (7)

1. Corporation Name

THE PROVIDENCE/SAWDUST COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

RT. 4, BOX 214
QUINCY FL 32351

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QUINCY FL 32351

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3288311

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State

28. City & State

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

24. Zip

Country

29. Zip

Country

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

SOFFES-BLOUNT, ANN
RT. 4, BOX 1379
QUINCY FL 32351

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE PD DELETE
NAME EDWARDS, MARCUS
STREET ADDRESS RT. 4, BOX 237
CITY - ST - ZIP QUINCY FL 32351

1.1 TITLE VICE-PRESIDENT Change Addition
1.2 NAME PAUL PELLETIER
1.3 STREET ADDRESS RR4, Box
1.4 CITY - ST - ZIP QUINCY, FL 32351

TITLE VD DELETE
NAME PFEIFFER, JAY
STREET ADDRESS RT. 4, BOX 221B
CITY - ST - ZIP QUINCY FL 32351

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD DELETE
NAME MCDANIEL, DEBI
STREET ADDRESS RT. 4, BOX 214
CITY - ST - ZIP QUINCY FL 32351

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD DELETE
NAME SOFFES-BLOUNT, ANN
STREET ADDRESS RT. 4, BOX 1379
CITY - ST - ZIP QUINCY FL 32351

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME 300002193283
6.3 STREET ADDRESS -05/28/97--01060--009
6.4 CITY - ST - ZIP ***61.25

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: *Ann Soffes-Blount* ANN SOFFES-BLOUNT 5/8/97 904-875-7153
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

PAID 5-10-97