

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 # N94000005931 (0)

1. Corporation Name

NORTH AMERICAN POTBELLED PIG ASSOCIATION, INC.



Principal Place of Business

**408 14 STREET SW
RUSKIN FL 33570**

Mailing Address

**408 14 STREET SW
RUSKIN FL 33570**

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, BARBARA
408 14 STREET SW
RUSKIN FL 33570**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PLAUCHE, KATHLEEN**
STREET ADDRESS **707 BATTLE LAKE RD**
CITY-STATE-ZIP **RIESEL TX**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **TOMPKINS, RAY**
STREET ADDRESS **RT 1 BOX 280G**
CITY-STATE-ZIP **NORMAN GEE TX**

21 TITLE **VD** ☒ Change ☐ Addition
22 NAME **MARIANNE ROLEY-HUBER**
23 STREET ADDRESS **P.O. Box 918**
24 CITY-STATE-ZIP **MT. ANGEL, OR 97362**

TITLE **SD** ☐ DELETE
NAME **BAKER, BARBARA**
STREET ADDRESS **408 SW 14 ST**
CITY-STATE-ZIP **RUSKIN FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **FINCK, JANIE**
STREET ADDRESS **1400 S MANOR WAY**
CITY-STATE-ZIP **ST PETERSBURG FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, DEE**
STREET ADDRESS **4111 WYOMING AVE**
CITY-STATE-ZIP **TAMPA FL**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **LOUISE BALDWIN**
53 STREET ADDRESS **1641 BEDFORD OAKS**
54 CITY-STATE-ZIP **BEDFORD, TX 76021**

TITLE **D** ☐ DELETE
NAME **SCHNIER, DEBRA**
STREET ADDRESS **1265 BACON RIDGE RD**
CITY-STATE-ZIP **CROWNSVILLE MD**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **BEVERLY THOMPSON**
63 STREET ADDRESS **801 RUGBY PLACE**
64 CITY-STATE-ZIP **LOUISVILLE, KY 40222**

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:

Barbara C Baker
BARBARA C. BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

Date

813-641-1278

Daytime Phone #

CR2E037 (12/95)