

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 # N95000000638 (5)

1. Corporation Name

GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.



Principal Place of Business

Mailing Address

109 E WADE ST
TRENTON FL 32693

P.O. BOX 1000
TRENTON FL 32693

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

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

LANCASTER, SHEREE H
109 E WADE ST
TRENTON FL 32693

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 D ☐ DELETE
NAME BROWN, HERBERT E JR.
STREET ADDRESS P.O. BOX 307 N/A
CITY-ST-ZIP TRENTON FL 32693

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

TITLE D ☐ DELETE
NAME DURDEN, RANDY D
STREET ADDRESS P.O. BOX 251 N/A
CITY-ST-ZIP BELL FL 32619

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JONES, GRADY H SR.
STREET ADDRESS RT 1 BOX 80
CITY-ST-ZIP BELL FL 32619

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

TITLE D ☐ DELETE
NAME ANDREWS, THOMAS L
STREET ADDRESS RT 1 BOX 394
CITY-ST-ZIP BELL FL 32619

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS 320 NW CR 341
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MARTIN, WILLIAM M
STREET ADDRESS RT 1 BOX 332-25
CITY-ST-ZIP BELL FL 32619

51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS 7309 SW 20th ST
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CRAWFORD, MICHELLE W
STREET ADDRESS P.O. BOX 35 N/A
CITY-ST-ZIP TRENTON FL 32693

61 TITLE ☐ Change ☐ Addition
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:

T.L. Andrews T.L. Andrews

Date

2-15-96 (352) 463-1818

Daytime Phone #

CR2E037 (12/95)