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Mar 26 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 # **N95000000668 (2)**

1. Corporation Name

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHITE PEOPLE, FLORIDA CHAPTER, INC.

Principal Place of Business

**20 VAUGHN ROAD
WINTER HAVEN FL 33880**

Mailing Address

**P.O. BOX 1566
EAGLE LAKE FL 33839-1566**



3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3363347

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

**DANIELS, H.E. "DAN"
20 VAUGHN ROAD
WINTER HAVEN FL 33880**

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

TITLE **PTD** ☐ DELETE
NAME **DANIELS, H.E. "DAN"**
STREET ADDRESS **20 VAUGHN ROAD**
CITY - ST - ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ DELETE
NAME **PIPER, GWEN**
STREET ADDRESS **6830 NEWMAN CIR. EAST**
CITY - ST - ZIP **LAKELAND FL 33881**

TITLE **DM** ☐ DELETE
NAME **MANTEL, BILL**
STREET ADDRESS **107 LAKEVIEW DR.**
CITY - ST - ZIP **LEESBURG FL 34788**

TITLE **D** ☒ DELETE
NAME **SILLS, JAMES**
STREET ADDRESS **775 OAK ST.**
CITY - ST - ZIP **AUBURNDALE FL 33823**

TITLE **D** ☐ DELETE
NAME **RODGERS, JOHN**
STREET ADDRESS **2530 46TH AVE. N.**
CITY - ST - ZIP **ST. PETERSBURG FL 33714**

TITLE **S** ☐ DELETE
NAME **ECK, SHARON**
STREET ADDRESS **110 REBECCA LANE**
CITY - ST - ZIP **WINTERHAVEN FL 33880**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **M** ☐ Change ☒ Addition
1.2 NAME **DANA WINE**
1.3 STREET ADDRESS **#1 WINE DRIVE**
1.4 CITY - ST - ZIP **HILLIARD, FLA. 32046**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H.E. Daniels 19 March 97

Date

Daytime Phone # 0053612

CR2E037 (9/96)