

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 # N95000001077 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.



Principal Place of Business

Mailing Address

ROUTE 3 BOX 190-B
LAKE BUTLER FL 32054

ROUTE 3 BOX 190-B
LAKE BUTLER FL 32054

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 507 S. Marion St.

26 507 S. Marion St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27 Suite 5

City & State

City & State

23 Lake City, FL

28 Lake City, FL

Zip

Country

Zip

Country

24 32025

25 Columbia

29 32025

30 Columbia

4. FEI Number

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

CRAWFORD, STANLEY
ROUTE 3 BOX 190-B
LAKE BUTLER FL 32054

81 Name Thomas Matthews

82 Street Address (P.O. Box Number is Not Acceptable)

507 S. Marion St.

83 Suite 5

84 City Lake City

FL

85 Zip Code 32025

11. Pursuant to the provisions of Sections 617.0602 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

John Matthews, Pres

Signature, typed or printed name of registered agent, as of date if applicable

(NOTE: Registered Agent signature required when reinstating)

May 24, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MATTHEWS, TOMMY DELETE
STREET ADDRESS 507 S. MARION STREET, SUITE 5
CITY-ST-ZIP LAKE CITY FL 32025

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CRAWFORD, STANLEY DELETE
STREET ADDRESS ROUTE 3 BOX 190-B
CITY-ST-ZIP LAKE BUTLER FL 32054

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

TITLE D
NAME WALDRON, TOM DELETE
STREET ADDRESS P.O. BOX 2521 N/A
CITY-ST-ZIP LAKE CITY FL 32056

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

TITLE S
NAME MILLER, TED DELETE
STREET ADDRESS P.O. BOX 2755 N/A
CITY-ST-ZIP LAKE CITY FL 32056

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

TITLE T
NAME MCGEE, TOM DELETE
STREET ADDRESS 3 SAINT JAMES AVE.
CITY-ST-ZIP LAKE CITY FL 32025

5.1 TITLE Change Addition
5.2 NAME 200001876552
5.3 STREET ADDRESS -06/26/96--01083--029
5.4 CITY-ST-ZIP ***61.25

TITLE
NAME
STREET ADDRESS
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 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:

John Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 1996

DATE

(904) 755-2467

DAYTIME PHONE #

CR2E037 (12/95)

John Matthews