

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001408 (2)**

1. Corporation Name

**M.A.D. DADS OF SUWANNEE COUNTY, INC.**



Principal Place of Business

Mailing Address

11 N. DR. MLK/OHIO AVE.  
LIVE OAK FL 32060

11 N. DR. MLK/OHIO AVE.  
LIVE OAK FL 32060

2. Principal Place of Business

2a. Mailing Address

21 211 N. DR. MLK/OHIO AVE  
Suite, Apt. #, etc.

26 POST OFFICE BOX 524  
Suite, Apt. #, etc.

22 City & State  
23 LIVE OAK, FLORIDA

27 City & State  
28 LIVE OAK, FLORIDA

24 Zip 32060 25 Country SUWANNEE

29 Zip 32060 30 Country SUWANNEE

9. Name and Address of Current Registered Agent

PHILMORE, ALONZO  
514 WEST LINCOLN AVE.  
LIVE OAK FL 32060

3. Date Incorporated or Qualified  
03/23/1995

3a. Date of Last Report

4. FEI Number

Applied For  
Not Applicable

59-3302319

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

10. Name and Address of New Registered Agent

81 Name

SAME

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, 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

*Alonzo Philmore*

ALONZO PHILMORE PRESIDENT

4-11-96

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 D ☐ DELETE

NAME RILEY, CLIFTON  
STREET ADDRESS 723 S. HOUSTON AVE.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME CAMPBELL, HARRY  
STREET ADDRESS RT. 3 BOX 374  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME DEPASS, GENE  
STREET ADDRESS 31 SW WOOD ST.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME SKIERSKI, SAM  
STREET ADDRESS 1400 E. HOWARD ST.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME CARTER, EARL SR.  
STREET ADDRESS 755 SW HOUSTON AVE.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME PHILMORE, ARNOLD J  
STREET ADDRESS RT. 8 BOX 1124  
CITY-ST-ZIP LIVE OAK FL 32060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME W.R. SLAUGHTER  
1.3 STREET ADDRESS 631 SUWANNEE AVE.  
1.4 CITY-ST-ZIP LIVE OAK, FLA. 32060

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME GENE DEPASS  
2.3 STREET ADDRESS 311 WOOD ST.  
2.4 CITY-ST-ZIP LIVE OAK, FLA 32060

3.1 TITLE RANDY HENDERSON DIRECTOR ☐ Change ☒ Addition

3.2 NAME ROUTE 6 BOX 587-T  
3.3 STREET ADDRESS LIVE OAK, FLA 32060  
3.4 CITY-ST-ZIP

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME MAURICE PERKINS  
4.3 STREET ADDRESS 505 CAYANETTE AVE  
4.4 CITY-ST-ZIP LIVE OAK, FLA 32060

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME LEE PHILMORE, JR.  
5.3 STREET ADDRESS 1215 W. 7TH ST  
5.4 CITY-ST-ZIP LIVE OAK, FLA 32060

6.1 TITLE DIRECTOR ☐ 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:

*Alonzo Philmore*

ALONZO PHILMORE PRESIDENT

4-11-96

758-0433 (904) 364-9554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)