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May 20 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 # N95000001408 (2)

1. Corporation Name

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

Principal Place of Business

211 N DR MLK/OHIO AVE  
LIVE OAK FL 32060  
US

Mailing Address

P.O. BOX 524  
LIVE OAK FL 32060-0524  
US



2. Principal Place of Business

21 514 W. LINCOLN AVE

Suite, Apt. #, etc.

22 LIVE OAK, FLA

City & State

23 32060

24 32060

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
03/23/1995

3a. Date of Last Report  
04/17/1996

4. FEI Number  
59-3302319

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

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

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 ALONZO PHILMORE (PRESIDENT) *Alonzo Philmore* 4/27/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

(904)758-0433

CR2E037 (9/96)