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May 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

514 W LINCOLN AVE
LIVE OAK FL 32060
US

P.O. BOX 524
LIVE OAK FL 32060
US



3. Date Incorporated or Qualified

03/23/1995

4. FEI Number

59-3302319

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

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 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

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 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:

Alonzo Philmore

4/27/98

CR2E037 (1097)