

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 # N95000001827 (3)  
1. Corporation Name

FLORIDA CORRECTIONS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
50 W. MAIN ST. 50 W. MAIN ST.  
LAKE BUTLER FL 32054 LAKE BUTLER FL 32054

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3310463		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALLE, COLIN 50 W. MAIN ST. LAKE BUTLER FL 32054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLE, COLIN			1.2 NAME	Halle, Colin		
STREET ADDRESS	50 W. MAIN ST.			1.3 STREET ADDRESS	50 W Main St		
CITY - ST - ZIP	LAKE BUTLER FL 32054			1.4 CITY - ST - ZIP	Lake Butler FL 32054	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, HOMER			2.2 NAME	Murphy, Homer		
STREET ADDRESS	416 14TH AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	ARCADIA FL 33821			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODLE, CLAUDE D			3.2 NAME			
STREET ADDRESS	6979 ASH DR.			3.3 STREET ADDRESS	200001808782		
CITY - ST - ZIP	COCOA FL 32927			3.4 CITY - ST - ZIP	-05/06/96--01029--014	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIS, JOHN			4.2 NAME			
STREET ADDRESS	RT. 1, BOX 64			4.3 STREET ADDRESS			
CITY - ST - ZIP	RAIFORD FL 32083			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAULERSON, JOHN A			5.2 NAME	Raulerson, John A		
STREET ADDRESS	P.O. BOX 272 N/A			5.3 STREET ADDRESS			
CITY - ST - ZIP	RAIFORD FL 32083			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Williams, Wesley		
STREET ADDRESS				6.3 STREET ADDRESS	PO Box 353 N/A		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	Altha FL 32421		

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)