

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *N9500000 2606*  
1. Corporation Name  
**THE VILLAGES ACTION COMMITTEE, INC.**

Principal Place of Business Mailing Address  
**- 240 S. Pineapple Ave. P.O. Box 49948**  
**- 10th Floor Sarasota, FL 34230-6948**  
**Sarasota, FL 34236**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>601 Lisbon Lane</b>		26 <b>P.O. Box 1073</b>		<b>June 6, 1995</b>		<b>N/A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		<b>65-0588020</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Lady Lake, FL</b>		28 <b>Lady Lake, FL</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>32159</b>		25 <b>U.S.</b>		29 <b>32158-1073</b>		30 <b>U.S.</b>	

## 9. Name and Address of Current Registered Agent

**Jeffrey S. Russell**  
**240 S. Pineapple Avenue**  
**10th Floor**  
**Sarasota, Florida 34236**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Jeffrey S. Russell</b>	
STREET ADDRESS	<b>240 S. Pineapple Avenue</b>	
CITY - ST - ZIP	<b>Sarasota, Florida 34236</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Linette Pelletier</b>	
STREET ADDRESS	<b>240 S. Pineapple Avenue</b>	
CITY - ST - ZIP	<b>Sarasota, Florida 34236</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Carolyn S. Barker</b>	
STREET ADDRESS	<b>240 S. Pineapple Avenue</b>	
CITY - ST - ZIP	<b>Sarasota, Florida 34236</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Frank Renner</b>	
1.3 STREET ADDRESS	<b>601 Lisbon Lane</b>	
1.4 CITY - ST - ZIP	<b>Lady Lake, Florida 32159</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>D V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Martin N. Fischer</b>	
2.3 STREET ADDRESS	<b>706 Cortez Avenue</b>	
2.4 CITY - ST - ZIP	<b>Lady Lake, Florida 32159</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>D T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Margarette Heidenreich</b>	
3.3 STREET ADDRESS	<b>1311 Lajolla Circle</b>	
3.4 CITY - ST - ZIP	<b>Lady Lake, Florida 32159</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>D S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Norman B. Raw</b>	
4.3 STREET ADDRESS	<b>1024 Ventura Drive</b>	
4.4 CITY - ST - ZIP	<b>Lady Lake, Florida 32159</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	<b>100001858651</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-06/11/96--01150--032</b>	
5.3 STREET ADDRESS	<b>***\$61.25</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96**

**(352) 750-0306**

Date

Daytime Phone #

CR2E037 (12/95)