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Feb 21 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 # **N95000002659 (9)**

1. Corporation Name

**FIRST AMERICAN CULTURE & EDUCATION PRESERVATION
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**FIRST AMERICAN CULTURAL CENTER
HWY 301 NORTH
STARKE FL 32091
US**

**RT 5 BOX 7584
STARKE FL 32091-9117
US**



3. Date Incorporated or Qualified
06/08/1995

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, RICHARD A DR.
RT-2, BOX 209
KEYSTONE HEIGHTS FL 32656**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

547 SE 58th Street

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 **ROBERTSON, CHARLES**
STREET ADDRESS **395 BEAR CREEK DR.**
CITY-ST-ZIP **BARTOW FL 33830**

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **BERK, KAREN**
1.3 STREET ADDRESS **6825 SW 65TH AVENUE**
1.4 CITY-ST-ZIP **OCALA, FL 34476**

TITLE **D** ☐ DELETE
NAME **ROBERTSON, DARLA**
STREET ADDRESS **395 BEAR CREEK DR.**
CITY-ST-ZIP **BARTOW FL 33830**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COOPER, CATHERINE C**
STREET ADDRESS **9775 S.W. 52ND RD.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DAVIS, MARGARET**
STREET ADDRESS **7978 HAMMOND BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32220**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SOWELL, GREG**
STREET ADDRESS **5402 WATER SIDE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **ALLEN, CLIFFORD**
STREET ADDRESS **3211 SW 42ND STREET**
CITY-ST-ZIP **OCALA, FL 34474**

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.

SIGNATURE: **Catherine C. Cooper** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/97

(904) 964-5054

Date

Daytime Phone #0001804

CR2E037 (9/96)