

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 # N95000002921 (3)

1. Corporation Name

FLORIDA A&M UNIVERSITY LANDSCAPE DESIGN AND MANAGEMENT DEGREE FOUNDATION, INC.



Principal Place of Business

Mailing Address

RR 4 BOX 4473
MONTICELLO FL 32344

RR 4 BOX 4473
MONTICELLO FL 32344

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RR 5 Box 5489

RR 5 Box 5489

City & State

City & State

MONTICELLO FL

MONTICELLO FL

Zip

Country

Zip

Country

32344

25

32344

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUCHOVEJ, JAMES DR
RR 4 BOX 4473
MONTICELLO FL 32344

81 Name

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

RR 5 Box 5489

83

84 City

MONTICELLO

FL

85 Zip Code

32344

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 '96

T
NAME
HADLEY, FRED
STREET ADDRESS
4110 N. SHORE DRIVE
CITY-ST-ZIP
WEST PALM BEACH FL 33407

☐ DELETE

D
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2848 HADLEY RD
TALLAHASSEE FL 32308

☒ Change ☐ Addition

T
NAME
BARNETT, RICK
STREET ADDRESS
225 S. ADAMS STREET
CITY-ST-ZIP
TALLAHASSEE FL 32301

☒ DELETE

P, D
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
GARY HEWITT
RR 2 Box 9
ALTA, FL 32421

☐ Change ☒ Addition

T
NAME
BOYD, HINES
STREET ADDRESS
3125 CONNER BLVD., B-33
CITY-ST-ZIP
TALLAHASSEE FL 32399-1650

☒ DELETE

S, D
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
FRAN MAINELLA
DIV REC 2 PARKS, DNR
TALLAHASSEE, FL 32399

☐ Change ☒ Addition

T
NAME
COVAN, DON
STREET ADDRESS
765 E. WASHINGTON STREET
CITY-ST-ZIP
MONTICELLO FL 32345

☒ DELETE

400001890264
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***61.25

☐ Change ☐ Addition

T
NAME
ELLIS, GENE
STREET ADDRESS
2911 THOMASVILLE RD.
CITY-ST-ZIP
TALLAHASSEE FL 32312

☐ DELETE

V, D
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☒ Change ☐ Addition

T
NAME
GROSS, MARVIN
STREET ADDRESS
8000 FRUITVILLE RD.
CITY-ST-ZIP
SARASOTA FL 34240

☒ DELETE

D
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
JAMES MUCHOVET
RR 5 Box 5489
MONTICELLO, FL 32344

☐ Change ☒ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MUCHOVET

4/30/96

904-599-3429

Daytime Phone #

CR2E037 (12/95)