

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 # **N95000002952 (8)**

1. Corporation Name
BRANFORD'S RIVER REUNION COMMITTEE, INC.



Principal Place of Business: **ROUTE 3 BOX 98 BRANFORD FL 32008**
Mailing Address: **ROUTE 3 BOX 98 BRANFORD FL 32008**

3. Date Incorporated or Qualified: **06/19/1995**
3a. Date of Last Report: **n/a**
4. FEI Number: **59-2922160**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**SCOTT, JOHN L
112 SUWANNEE AVENUE
BRANFORD FL 32008**

10. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Chairman "D" <input type="checkbox"/> DELETE
NAME	Gilbert J. Bernardo
STREET ADDRESS	Rt. 3 Box 98
CITY-ST-ZIP	Branford, Florida 32008
TITLE	Treasurer "D" <input type="checkbox"/> DELETE
NAME	L. L. McMullen Jr.
STREET ADDRESS	P. O. Box 918 CORNER CARTER AND MARTIN
CITY-ST-ZIP	Branford, Florida 32008
TITLE	Board Member "D" <input type="checkbox"/> DELETE
NAME	Lura Sapp
STREET ADDRESS	Rt. 3 Box 120
CITY-ST-ZIP	Branford, Florida 32008
TITLE	Board Member "D" <input type="checkbox"/> DELETE
NAME	R. G. Griffith
STREET ADDRESS	P. O. Box 212 N/A
CITY-ST-ZIP	Branford, Florida 32008
TITLE	Board Member "D" <input type="checkbox"/> DELETE
NAME	Dean Gaylord
STREET ADDRESS	P. O. Box 547 N/A
CITY-ST-ZIP	Branford, Florida 32008
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700001829277
5.4 CITY-ST-ZIP	-05/20/96--01043--042
6.1 TITLE	
6.2 NAME	***61.25
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 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: **G. J. Bernardo** **G. J. Bernardo** **18 April 1996** **904-935-0340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)