

# 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 # N95000002997 (3)**

1. Corporation Name

**FLORIDA TURF CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business

5106 15TH AVE W  
BRADENTON FL 34209

Mailing Address

5106 15TH AVE W  
BRADENTON FL 34209

3. Date Incorporated or Qualified  
**06/23/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **16003 STATE RD 64 E**

26 **16003 STATE RD 64 E**

4. FEI Number

**65-0589040**

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

City & State

23 **BRADENTON FL**

City & State

28 **BRADENTON FL**

Zip

24 **34202**

Country

25 **MANATEE**

Zip

29 **34202**

Country

30 **MANATEE**

9. Name and Address of Current Registered Agent

**ZOELLNER, DIETER C  
5106 15TH AVE W  
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name

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

**16003 STATE ROAD 64 EAST**

83

84 City

**BRADENTON**

**FL**

85 Zip Code

**34202**

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 **PD** ☐ DELETE

NAME **ZOELLNER, DIETER**  
STREET ADDRESS **5106 15TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VD** ☐ DELETE

NAME **WHITMER, DON**  
STREET ADDRESS **5106 15TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **SD** ☐ DELETE

NAME **WILSON, MARILYN**  
STREET ADDRESS **5106 15TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **TD** ☐ DELETE

NAME **BROWNING, JOANNE**  
STREET ADDRESS **5106 15TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **16003 STATE ROAD 64 EAST**  
1.4 CITY-ST-ZIP **BRADENTON FL 34202**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **16003 STATE ROAD 64 EAST**  
2.4 CITY-ST-ZIP **BRADENTON FL 34202**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **16003 STATE ROAD 64 EAST**  
3.4 CITY-ST-ZIP **BRADENTON FL 34202**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **16003 STATE ROAD 64 EAST**  
4.4 CITY-ST-ZIP **BRADENTON FL 34202**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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:

*Dieter C Zoellner* President

3-15-96 941-745-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)