

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000003581 (4)**

1. Corporation Name

ENDSLEY MANOR INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 435-401 STOCKADE ROAD
CROSS CITY FL 32628

POST OFFICE BOX 435-401 STOCKADE ROAD
CROSS CITY FL 32628

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **401 STOCKADE ROAD**

26 **PO BOX 435**

4. FEI Number

59-3327447

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

23 **Cross City, Florida**

28 **Cross City, Florida**

24 **32628**

25 **DIXIE**

29 **32628**

30 **DIXIE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENDSLEY, ELIZABETH J
401 STOCKADE ROAD
CROSS CITY FL 32628**

81 Name **Richard E. Corbin**

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

401 STOCKADE ROAD

83 **Cross City, FL**

84 **Cross City, FL**

FL

85 **32628**

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]

(NOTE: Registered Agent signature required when reinstating)

7/29/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DIRECTOR**

STREET ADDRESS **ELIZABETH J. ENDSLEY**

CITY-ST-ZIP **401 STOCKADE ROAD**

CROSS CITY, FL 32628

TITLE ☐ DELETE

NAME **DIRECTOR**

STREET ADDRESS **RICHARD E. CORBIN**

CITY-ST-ZIP **401 STOCKADE ROAD**

CROSS CITY, FL 32628

TITLE ☐ DELETE

NAME **LIBRARIAN**

STREET ADDRESS **SUZANNE GREEN**

CITY-ST-ZIP **401 STOCKADE RD**

CROSS CITY, FL 32628

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/96

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CR2E037 (3/96)