

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 # N95000003999 (8)

1. Corporation Name

FOUR CORNERS REGIONAL COUNCIL, INC.



Principal Place of Business

1170 S GOODMAN RD
DAVENPORT FL 33837

Mailing Address

1170 S GOODMAN RD
DAVENPORT FL 33837

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
900 W HWY 50
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

ALAN MALATESTA

82

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

1170 S. GOODMAN RD.

83

84

City

DAVENPORT

FL

85 Zip Code
33837

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 Alan Malatesta ALAN MALATESTA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. NEW OFFICERS OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME JUNE NOBLITT

STREET ADDRESS 15917 GREATER GROVES BLVD.

CITY-ST-ZIP CLERMONT, FL. 34711

TITLE D ☐ DELETE

NAME WAYNE BOMSTAD

STREET ADDRESS 250 ARAFAHO TRAIL

CITY-ST-ZIP KISSIMMEE, FL. 34747

TITLE D ☐ DELETE

NAME JUDY COHEN

STREET ADDRESS 111 DREAMA DR.

CITY-ST-ZIP DAVENPORT, FL. 33837

TITLE D ☐ DELETE

NAME BONNIE CHAPMAN

STREET ADDRESS 352 MONTANA

CITY-ST-ZIP DAVENPORT, FL. 33837

TITLE D ☐ DELETE

NAME ALAN MALATESTA

STREET ADDRESS 1170 S. GOODMAN RD.

CITY-ST-ZIP DAVENPORT, FL. 33837

TITLE D ☐ DELETE

NAME CARL KALANI

STREET ADDRESS 2025 FLORENCEVILLE GROVE RD.

CITY-ST-ZIP DAVENPORT, FL. 33837

TITLE D ☐ DELETE

NAME CARL KALANI

STREET ADDRESS 2025 FLORENCEVILLE GROVE RD.

CITY-ST-ZIP DAVENPORT, FL. 33837

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:

Alan Malatesta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96

Date

4073966557

Daytime Phone #

CR2E037 (12/95)