FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9500004148 (1)

SANTA	FE SOIL & WATER CONS	ERVATION DISTRICT, IN	C		
Principal Plac	e of Business.	Mailing Address		ABANTON: DEN CATAL ASILE AND IN AND	801 90 02 9 01 5 01 0 19
		P.O. BOX 2486 LAKE CITY FL 32056-2486			
				3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 03/08/1996
2. Principal P	lace of Business	2a, Mailing Address 26		4. FEI Number 59-3081780	Applied For Not Applicable
Suite, Apt. 22 388	4 SOUTH FEBSTST	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	. CITY FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fo	
24 3202	25	29 3	10		Yes X No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
00445	000 004000		ואונים" ו"	RUSE CRAWFORD	
CRAWFORD, CHARLIE RIDGECREST PLAZA SUITE 5				iress (P.O. Box Number is Not Accepta	able)
	TY FL 32056		83 83	10 Box 417-A	
	·			HE CITY	FL 85 Zip Code 320 45
11. Pursuant	to the provisions of Sections 617,050	12 and 617.1508, Florida Statules	the above-named cor	poration submits this statement for the tion's board of directors. I hereby according	purpose of changing its registered
agent. I s	im familiar with, and accept the oblig	ations of, Section 617.0503, Flori	ida Statutes.	mon's board of directors. Thereby acci	apt the appointment as registered
SIGNATURE		mand mi			
	Signature, typed or priced name of registered ago		Registered Agent signature requ		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	CRAWFORD, CHARLIE	_ beer			Change C Addition
	RT 2 BOX 361		1.2 NAME		
STREET ADDRESS	LAKE CITY FL 32055		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
	BROWN, WILL J	C precie			C Change C Addition
NAME	1750 FAIR VIEW ST.		2.2 NAME		
STREET ADDRESS	LAKE CITY FL 32055		2.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE	DARE ON 1 12 32000	DELETE	2. 4 CITY - \$1 - 7IP 3.1 TITLE		1.03 Change Addition
NAME	STILES, LYNN	Document	3.1 TITLE 3.2 NAME	o replacement	yer - only
STREET ADDRESS	RT 4 BOX 538		3.3 STREET ADDRESS		
CITY-\$T-ZIP	LAKE CITY FL 32055		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 11TLE		Change Addition
NAME	OGDEN, RUFUS		4. 2 NAME		
STREET ADDRESS	RT 8 BOX 422		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		4.4 CITY - S1 - ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	MOSELEY, LAMAR		5.2 NAME		• ==
STREET ADDRESS	RT 1 BOX 312		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
44 1 1 1 1 1		at a tab at a 200 a ab a a a constitution of the constitution of t	() () () () () () () ()		. 14 (0

I. I do hereby certify that the information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and adverte 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: