

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 # N95000004717 (3)

1. Corporation Name

THE FULFORD FLAG FOUNDATION, INC.

Principal Place of Business

Mailing Address

**215 SOUTH EAST PICKNEY STREET
MADISON FL 32340**

**POST OFFICE DRAWER 450
MADISON FL 32341**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

1st report

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

10. Name and Address of New Registered Agent

**HARDEE, CARY A
215 SOUTH EAST PICKNEY STREET
MADISON FL 32340**

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

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 **BUCHANAN, MARY WELLS**
STREET ADDRESS **RT. 4, BOX 2014**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **VPD** ☐ DELETE
NAME **WILLIS, JO**
STREET ADDRESS **POST OFFICE BOX 119 N/A**
CITY-ST-ZIP **MADISON FL 32341**

TITLE **STD** ☒ DELETE
NAME **SCHNITKER, KAY**
STREET ADDRESS **103 NORTH HORRY STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ DELETE
NAME **RAY, CAROLYN**
STREET ADDRESS **C/O MADISON PRIMARY, N.W. HAYNES STREET**
CITY-ST-ZIP **MADISON FL**

TITLE **D** ☐ DELETE
NAME **HART, BOBBY**
STREET ADDRESS **RTE. 1, BOX 90**
CITY-ST-ZIP **PINETTA FL 32350**

TITLE **D** ☐ DELETE
NAME **WHITE, RANDY**
STREET ADDRESS **109 S.W. RUTLEDGE STREET**
CITY-ST-ZIP **MADISON FL 32340**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Tinney, D.J.**
1.3 STREET ADDRESS **Rt. 1 Box 227**
1.4 CITY-ST-ZIP **PINETTA, FL 32350**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Martin, Alfred**
2.3 STREET ADDRESS **Rt. 1, Box 164**
2.4 CITY-ST-ZIP **Madison FL 32340**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Sowell, Dale C.**
3.3 STREET ADDRESS **Post office Box 34 304 NE Livingston St**
3.4 CITY-ST-ZIP **Madison FL 32341**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Russell, C.E. (Bill)**
4.3 STREET ADDRESS **Post office Box 996 Cantey Drive**
4.4 CITY-ST-ZIP **Madison FL 32341**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Griffin, Ray**
5.3 STREET ADDRESS **504 West Base St.**
5.4 CITY-ST-ZIP **Madison FL 32340**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Alexander, Clyde**
6.3 STREET ADDRESS **190 Oak Road**
6.4 CITY-ST-ZIP **Madison FL 32340**

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:

Dale C. Sowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

904-973-6576

Date

Daytime Phone #

CR2E037 (12/95)