

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 # N95000005359 (3)

1. Corporation Name

FLNG MORALE, WELFARE, AND RECREATION FUND, INC.



Principal Place of Business

Mailing Address

82 MARINE STREET
ST. AUGUSTINE FL 32084

82 MARINE STREET
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Route 1 Box 465

26 82 Marine Street

4. FEI Number

Applied For

59-3361104

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State
Starke, FL

27 City & State
St. Augustine, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip
32091

Country
US

29 Zip
32084

Country
US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, HENRY T III
82 MARINE STREET
ST. AUGUSTINE FL 32084

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE
NAME MG Ronald O. Harrison
STREET ADDRESS 82 Marine Street
CITY-ST-ZIP St. Augustine, FL 32084

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Timothy M. Lambert
1.3 STREET ADDRESS Route 1 Box 465
1.4 CITY-ST-ZIP Starke, FL 32091

TITLE Director ☐ DELETE
NAME BG Richard G. Capps
STREET ADDRESS 82 Marine Street
CITY-ST-ZIP St. Augustine, FL 32084

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Melanie J. Skaret
2.3 STREET ADDRESS Route 1 Box 465
2.4 CITY-ST-ZIP Starke, FL 32091

TITLE Director ☐ DELETE
NAME BG Wallace M. Green
STREET ADDRESS 82 Marine Street
CITY-ST-ZIP St. Augustine, FL 32084

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Melanie J. Skaret
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 May 96 904-533-3201
Date Daytime Phone #

CR2E037 (12/95)