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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
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

ROUTE 1 BOX 465
STARKE FL 3209182 MARINE STREET
ST. AUGUSTINE FL 32084-5039
US3. Date Incorporated or Qualified
11/09/19953a. Date of Last Report
06/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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	D	<input type="checkbox"/> DELETE
NAME	HARRISON, RONALD O MG	
STREET ADDRESS	82 MARINE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPPS, RICHARD G BG	
STREET ADDRESS	82 MARINE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, LACE M BG W	
STREET ADDRESS	82 MARINE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LAMBERT, TIMOTHY M	
STREET ADDRESS	ROUTE 1 BOX 465	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SKARET, MELANIE J	
STREET ADDRESS	ROUTE 1 BOX 465	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Board Member - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elizabeth Masters	
1.3 STREET ADDRESS	Route 1 Box 465	
1.4 CITY-ST-ZIP	Starke, FL 32091	
2.1 TITLE	Board Member - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Mennuti	
2.3 STREET ADDRESS	Route 1 Box 465	
2.4 CITY-ST-ZIP	Starke, FL 32091	
3.1 TITLE	Board Member - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kevin Steverson	
3.3 STREET ADDRESS	Route 1 Box 465	
3.4 CITY-ST-ZIP	Starke, FL 32091	
4.1 TITLE	Board Member - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Howard Davidson	
4.3 STREET ADDRESS	Route 1 Box 465	
4.4 CITY-ST-ZIP	Starke, FL 32091	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Snyder, Melanie J.	
5.3 STREET ADDRESS	Route 1 Box 465	
5.4 CITY-ST-ZIP	Starke, FL 32091	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELANIE J. SNYDER 1/14/97

904-533-3281

Date

Daytime Phone # 0001206

CR2E037 (9/96)