

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 # N95000005472 (4)

1. Corporation Name

NORTH CENTRAL FLORIDA RURALNET, INC.



Principal Place of Business

P.O. BOX 1523
LIVE OAK FL 32060

Mailing Address

P.O. BOX 1523
LIVE OAK FL 32060

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

WILLIS, DIANA M
415 W PINWOOD DRIVE
LIVE OAK FL 32060

4. FEI Number

59-3350817

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

81 Name

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

11197 112TH STREET

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 D ☐ DELETE
NAME WILLIS, DIANA M
STREET ADDRESS ROUTE 10, BOX 395
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE
NAME GACHES, JOHN W
STREET ADDRESS ROUTE 3, BOX 188J
CITY-ST-ZIP JASPER FL 32052

TITLE D ☐ DELETE
NAME HOBBS, RONALD
STREET ADDRESS ROUTE 3, BOX 193
CITY-ST-ZIP JASPER FL 32052

TITLE D ☐ DELETE
NAME DEES, DAVID
STREET ADDRESS ROUTE 1, BOX 888
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ DELETE
NAME BRASHEAR, RICHARD H
STREET ADDRESS 309 COLONIAL STREET, SE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE
NAME BOATRIGHT, WALTER JR
STREET ADDRESS P.O. BOX 904 N/A
CITY-ST-ZIP LIVE OAK FL 32060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11197 112TH STREET
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 415 W PINWOOD DRIVE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA M. WILLIS

6/5/96 (904)364-2633

Date

Daytime Phone #

CR2E037 (12/95)