

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001592 (2)**

1. Corporation Name

**FLORIDA FOX TROTTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32856**

**7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32656-8567**

3. Date Incorporated or Qualified  
**03/18/1996**

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

24 Zip Country

25 Country

29 Zip Country

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, JANICE  
 7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32856**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>DON HART</b>
1.4 CITY-ST-ZIP	<b>15530 NE HWY 315 FT. MCCOY, FL 32134</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>WENDY HALLGREN</b>
2.4 CITY-ST-ZIP	<b>16900 SE 272 CT. UMATILLA, FL 32784</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY</b>
3.3 STREET ADDRESS	<b>JANICE MORRIS</b>
3.4 CITY-ST-ZIP	<b>7206 SPANISH TRAIL KEYSTONE HEIGHTS, FL 32656</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TREASURER</b>
4.3 STREET ADDRESS	<b>TERESA MIKELSON</b>
4.4 CITY-ST-ZIP	<b>3835 CURRY ROAD ST. AUGUSTINE, FL 32092</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>ROY MITCHELL</b>
5.4 CITY-ST-ZIP	<b>PO BOX 326 BARBERVILLE, FL 32105</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DIRECTOR</b>
6.3 STREET ADDRESS	<b>KAREN RUENHECK</b>
6.4 CITY-ST-ZIP	<b>639 SECOND AVE WINDERMERE, FL 34786</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)