

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90042 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001592**

1. Corporation Name

**FLORIDA FOX TROTTER ASSOCIATION, INC.**

Principal Place of Business  
 7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32656

Mailing Address  
 7206 SPANISH TRAIL  
 KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRIS, JANICE 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODWARD, JIM			1.2 NAME			
STREET ADDRESS	4750 BLUE HERON			1.3 STREET ADDRESS			
CITY-ST-ZIP	DE LEON SPRINGS FL 32130			1.4 CITY-ST-ZIP			
TITLE	<del>SE</del> DIRECTOR	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLGREN, WENDY			2.2 NAME			
STREET ADDRESS	16900 SE 272 CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, JANICE			3.2 NAME			
STREET ADDRESS	7206 SPANISH TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKELSON, TERESA			4.2 NAME			
STREET ADDRESS	3835 S CURRY ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32092			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	PLISKA, SHIRLEY - DIRECTOR	<input type="checkbox"/> Addition	
NAME	<del>MITCHELL, ROY</del>			5.2 NAME	SOSO GANDY RD,		
STREET ADDRESS	<del>P.O. BOX 326 WA</del>			5.3 STREET ADDRESS	MINS, FL		
CITY-ST-ZIP	<del>BARBERVILLE FL 32105</del>			5.4 CITY-ST-ZIP	32754		
TITLE	<del>VP</del>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUENHECK, KAREN			6.2 NAME			
STREET ADDRESS	639 SECOND AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Janice Morris SIGNATURE REQUIRED: JANICE MORRIS Date: 4/26/99 Daytime Phone #: (904) 329-2603

CR2E037 (11/98)