

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001849 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Principal Place of Business

Mailing Address

**6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702**

**P O BOX 4711
SEMINOLE FL 33775-4711
US**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

59-2760532

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

1597 62nd Ave No

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 **P** ☒ DELETE
NAME **BATES, BOB G**
STREET ADDRESS **P O BOX 23817 N/A**
CITY-ST-ZIP **GAINESVILLE FL 32602-3817**

TITLE **VP** ☒ DELETE
NAME **NESPOR, DARLIENE**
STREET ADDRESS **6051 OLD BAGDAD HWY SANTA ROSA PLAN/ZONE**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **S** ☐ DELETE
NAME **FRYE, DELORES K**
STREET ADDRESS **120 ARLINGTON CT. CHARLOTTE CO P/A**
CITY-ST-ZIP **PORT CHARLOTTE FL 33962**

TITLE **T** ☐ DELETE
NAME **WELBY, KATHRYN**
STREET ADDRESS **315 COURT ST. PINELLAS CO P/A**
CITY-ST-ZIP **CLEARWATER FL 34616-5191**

TITLE **D** ☐ DELETE
NAME **MAASCH, JEFF**
STREET ADDRESS **1840 25TH ST. INDIAN RIVER CO P/A**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ DELETE
NAME **GAY, KEITH B**
STREET ADDRESS **115 S ANDREWS AVE. ROOM 111**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **NESPOR, DARLIENE**
1.3 STREET ADDRESS **6051 OLD BAGDAD HWY SANTA ROSA PLAN/**
1.4 CITY-ST-ZIP **MILTON FL 32583**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **CANTER, THOMAS**
2.3 STREET ADDRESS **3404 ARGONAUT CT**
2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

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 **Clearwater FL 33756-**

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
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.

SIGNATURE:

Kathryn Welby **KATHRYN WELBY**

2/18/98

CR25037 (10/97)