

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 JUN -6 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002256 (3)

1. Corporation Name

FRIENDS OF FANNING, INC.

Principal Place of Business

6551 NW 100TH STREET
CHIEFLND FL 32626

Mailing Address

6551 NW 100TH STREET
CHIEFLND FL 32626

3. Date Incorporated or Qualified
04/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 11650 NW 115TH ST.

2a. Mailing Address

26 11650 NW 115TH ST.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

23 CHIEFLAND FL

27 City & State

28 CHIEFLAND FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

32626

25 Country

LEVY

29 Zip

32626

30 Country

LEVY

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRINER, LYNETTA U
6551 NW 100TH STREET
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

B1 Name

PAUL E. PERRAS

B2 Street Address (P.O. Box Number is Not Acceptable)

11650 N.W. 115TH ST.

B3

B4

City

CHIEFLAND

FL

B5

Zip Code

32626

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

PAUL E. PERRAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME GRINER, LYNETTA U
STREET ADDRESS P.O. DRAWER 1819 N/A
CITY-ST-ZIP CHIEFLND FL 32644-1819

TITLE ☐ DELETE

D
NAME MCQUEEN, CAROL J
STREET ADDRESS ROUTE 3, BOX 179
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ DELETE

D
NAME THOMASON, MICKEY T
STREET ADDRESS P.O. BOX 1832 N/A
CITY-ST-ZIP OLD TOWN FL 32680-1832

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

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

PAUL E. PERRAS

DATE

4/9/97

CR2E037 (9/96)