

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90018 050 ****70.00

DOCUMENT # N96000003487

1. Corporation Name

MJOLNIR KINDRED ASATRU OF FLORIDA, INC.

Principal Place of Business

207 STANLEY AVENUE
FROSTPROOF FL 33843

Mailing Address

4300 US HIGHWAY 98 WEST
FROSTPROOF FL 33843



2. Principal Place of Business

21 4300 U.S. Hwy. 98 W

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

65-0683692

Applied For
Not Applicable

23 City & State

Frostproof, FL

27 City & State

28 Zip

Country

24 33843

25 U.S.A.

29 Zip

Country

30

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WADE, FRANCES I
13 LOUISIANA AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

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

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 PST ☐ DELETE

NAME FISHER, JOHN
STREET ADDRESS 4300 US HIGHWAY 98 WEST
CITY-ST-ZIP FROSTPROOF FL

TITLE D ☐ DELETE

NAME WADE, FRANCES
STREET ADDRESS 13 LOUISIANA AVE
CITY-ST-ZIP ST CLOUD FL 34769

TITLE D ☐ DELETE

NAME BUCK, DAVID
STREET ADDRESS 207 STANLEY AVE.
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 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:

John Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-99 (941)

135 1477

CR2E037 (11/98)

0057827