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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N9600005412 (9)

FLORIDA SOVEREIGNTY LAND COUNCIL, INC.

245 QUAYSIDE CIRCLE

Principal Place of Business

Mailing Address

245 OUAYSIDE CIRCLE MAITLAND FL 32751-5790



97 APR 16 PH 3:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Surface Apt #, etc.	MAITLAND FL 3	2751	MAITLAND FL 32751-5785	MAITLAND FL 32751-5795			
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8. Name and Address of Current Registered Agent ALLEN, NOLAN D 3959, OAK HAMMOCK LANE FORT PIERCE FL 34981 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Ad		Country	Zip	Co	untry		8. This corporation has liability for intangible tax under s. 199.032,
ALLEN, NOLAN D 305.9 OAK HAMMOCK LANE FORT PIERCE FL 34981 11. Pursuant to the provisions of Sections 617,0502 and B17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and to the provisions of Sections 617,0502 and B17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and to the in the State of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and to the in the State of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and to the purpose of changing its registered office or registered agent, and to the in the State of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and to the purpose of changing its registered office or registered agent, and to the purpose of changing its registered office or registered agent, and the state of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and the state of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and the state of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and the state of Florida Statutes, the above-named corporations beginning that registered office or registered agent, and the state of Florida Statutes, the above-named corporations beginning that registered office or regist	24			30			
ALLEN, NOLAN D 3959. OAK HAMMOCK LANE FORT PIERCE FL 34981 11. Pursuant to the provisions of Sections 617 0502 and 617 1509. Florids Statutes, the above-named corporation submits this statement for the pursuae of changing its registered agent arm familiar with, and accept the obligations of. Section 617 0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of. Section 617 0503, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHAIRMAN 13. SIRECT ADDRESS 14. OTT-51-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHAIRMAN 13. SIRECT ADDRESS 14. OTT-51-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHAIRMAN 13. SIRECT ADDRESS 14. OTT-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHAIRMAN 13. SIRECT ADDRESS 14. OTT-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHAIRMAN 15. Parm Road 15.	Name and Address of Current Registered Agent					41	10. Name and Address of New Registered Agent
3854 ÖAK HAMMOCK LANE FORT PIERCE FL 34981 85 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 registerious agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent of the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent of the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent of directors. Thereby accept the appointment as registered agent of directors. Thereby accept the appointment as registered agent and the appointment as registered agent and appointment as registered agent and appointment as registered a						Name	
STATE ADDITIONS STATE ADDITIONS					82	Street A	Iddress (P.O. Box Number is Not Acceptable)
FORT PIERCE PL 34961 Set 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, 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 and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE	FURT PI	EHUE FL 34981					
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes. Signature Signatur	\ <u></u>				84	City	FL 85 Zip Code
Agent I am familiar with, and accept the obligations of, Section 617,USU3, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THIE MAME STREET ADDRESS CITY-SI-2PP DELETE DELETE DELETE DELETE 1.1 TITLE DELETE 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Chairman Cannot Change & Addition 1.3 STREET ADDRESS 1.4 CITY-SI-2PP Sebring, FL 33870 Change & Addition Addition Addition DELETE 31 TITLE DELETE 31 TITLE ACCEPTAGE AND DIRECTORS IN 12 Change & Addition Addition Addition ADTE Change & Addition Change & Change & Addition Change & Change & Addition Change & Change & Change & Addition Change & Change & Change & Addition Change &	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						
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Title	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						required when reinstating) DATE
	12.	OFFICERS AND DIRECTORS 13					
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	\$TREET ADDRESS			•		- 1	1). Www. 1110197
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	CITY-ST-ZIP	64 CITY			CITY-S	ST-ZIP	teted in Section 119.07/3/ii) Florida Statutes 1 further certily that the

4. I do hereby certify that the information supplied with this filing does not quality 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; the Lam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if chapted, or on an appearment with an address.

SIGNATURE

CLOSS M S CHERTHY NOSAN D BILLIN 3- 3- 97

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Obytime Proce # 0014151

CR2E037 (9/96)