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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005412 (9)

1. Corporation Name

FLORIDA SOVEREIGNTY LAND COUNCIL, INC.



Principal Place of Business

Mailing Address

245 QUAYSIDE CIRCLE
MAITLAND FL 32751

245 QUAYSIDE CIRCLE
MAITLAND FL 32751-5785

3. Date Incorporated or Qualified
10/22/1996

3a. Date of Last Report

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

4. FEI Number

☒ 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, NOLAN D
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Chairman — ☐ Change ☒ Addition
1.2 NAME Gene Haddan
1.3 STREET ADDRESS 1599 Farm Road
1.4 CITY-ST-ZIP Sebring, FL 33870

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President — ☐ Change ☒ Addition
2.2 NAME W. Bishop Jordan
2.3 STREET ADDRESS 245 Quayside Circle
2.4 CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Karen Beal, Treasurer ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 200 North Cortez Avenue
3.4 CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE President — ☐ Change ☒ Addition
4.2 NAME Nolan D. Allen
4.3 STREET ADDRESS 3958 Oak Hammock Lane
4.4 CITY-ST-ZIP Fort Pierce, FL 34981

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME 100002145391--4
5.3 STREET ADDRESS -04/16/97--01096--004
5.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Nolan D Allen 3-3-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014151

CR2E037 (9/96)