

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 JUN -5 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000001456 (9)**

1. Corporation Name

FLORIDA'S FRESHWATER FRONTIER, INC.



Principal Place of Business 1034 LUCERNE DRIVE SEBRING FL 33870	Mailing Address POST OFFICE BOX 1196 SEBRING FL 33871
---	---

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0768427

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

2. Principal Place of Business 21 1103 US 27 South Suite, Apt. #, etc.	2a. Mailing Address 26 1103 US 27 South Suite, Apt. #, etc.
City & State 23 Sebring, FL	City & State 27 Sebring, FL
Zip 24 33870	Country 25 U.S.

9. Name and Address of Current Registered Agent

**NEALE, BETTY J
1034 LUCERNE DRIVE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name

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

1103 US 27 South

83

84 City

Sebring

FL

85 Zip Code
33870

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 retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, MINOR L	1.2 NAME	600002553786-5
STREET ADDRESS	1685 STATE ROAD 62	1.3 STREET ADDRESS	-06/09/98--01113--018
CITY-ST-ZIP	BOWLING GREEN FL 33834	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, R M	2.2 NAME	D Jones, K.S. "Butch"
STREET ADDRESS	50 SOUTH BRIDGE ST	2.3 STREET ADDRESS	Glades Co. Courthouse Hwy 27 & 5th
CITY-ST-ZIP	LABELLE FL 33735	2.4 CITY-ST-ZIP	Moore Haven, FL 33471 St.
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKHAM, LOWREY	3.2 NAME	
STREET ADDRESS	401 SO PARROTT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL FL 34974	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSE, JAMES L	4.2 NAME	
STREET ADDRESS	2911 NE LAKEVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT R	5.2 NAME	
STREET ADDRESS	12 SOUTH 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARACADIA FL 34266	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, RONALD A	6.2 NAME	D Mechlin, Jeffrey
STREET ADDRESS	603 EAST OAK ST	6.3 STREET ADDRESS	98 North Forrest Ave.
CITY-ST-ZIP	ARACADIA FL 33821	6.4 CITY-ST-ZIP	Avon Park, FL 33825

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:

James L. Gose

5/28/98

941)382-6900

CP2E037 (10/97)