

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005021 (7)**

1. Corporation Name

**SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

% RUTH BREWER  
RT. 3, BOX 1561  
LAKE BUTLER FL 32054

% RUTH BREWER  
RT. 3, BOX 1561  
LAKE BUTLER FL 32054

2. Principal Place of Business

2a. Mailing Address

21 Same  
Suite, Apt. #, etc.

26 Rt 3, Box 1561  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Lake Butler, FL 32054

Zip

Country

24

25

29 32054

30 Union

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

September 4, 1997

☒ 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

10. Name and Address of New Registered Agent

BASFORD, LELAND  
6181 OLD SPANISH TRAIL  
CYPRESS FL 32432

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Leland Basford  
STREET ADDRESS P.O. Box 47  
CITY-ST-ZIP Cypress, FL 32432 (N/A)

TITLE Vice President ☐ DELETE

NAME Beth Seely  
STREET ADDRESS 11271 Farmwood Avenue  
CITY-ST-ZIP Dunnellon, FL 34433

TITLE Secretary ☐ DELETE

NAME Ruth Brewer  
STREET ADDRESS RT 3, Box 1561  
CITY-ST-ZIP Lake Butler, FL 32054 NA

TITLE Treasurer ☐ DELETE

NAME John Curran  
STREET ADDRESS 53 Oak Manor Drive  
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE Director ☐ DELETE

NAME Richard Criswell  
STREET ADDRESS RT 3, Box 1561  
CITY-ST-ZIP Lake Butler, FL 32054 NA

TITLE Director ☐ DELETE

NAME Patti Henry  
STREET ADDRESS 13900 Old Dade City Rd  
CITY-ST-ZIP Kathleen, FL 33849

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.

SIGNATURE: Leland Basford REQUIRED

1-14-98

Date

Daytime Phone # 850-592-4615

CR2E037 (10/97)

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SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION, INCORPORATED

DOCUMENT # N97000005021 (7)

FIE NUMBER: September 4, 1997

12 continued:

Director  
Linda Perez  
760 Richland Avenue  
Merritt Island, FL 32593

Director  
Wil Perez  
760 Richland Avenue  
Merritt Island, FL 32953

Director  
Kay Smith  
P O Box 50691  
Tyce FL 33905 *N/A*