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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N98000005084 (2)

1. Corporation Name
HEREFORD ASSOCIATION OF FLORIDA, INC

Principal Place of Business	Mailing Address
1200 HIGHLANDS DR. LAKE PLACID, FL 33852	1200 HIGHLANDS DR LAKE PLACID, FL 33852

3. Date Incorporated or Qualified: 10/06/97

4. FEI Number: ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

CHILDS, SARAH K
1200 HIGHLANDS DR.
LAKE PLACID, FL 33852

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	SARAH K. CHILDS	1.2 NAME	SARAH K. CHILDS
STREET ADDRESS	P.O. BOX 1981 NA	1.3 STREET ADDRESS	P.O. BOX 1981 NA
CITY-ST-ZIP	LAKE PLACID FL. 33862	1.4 CITY-ST-ZIP	LAKE PLACID FL 33862
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	SALLY PUTNAM	2.2 NAME	SALLY PUTNAM
STREET ADDRESS	1200 HIGHLANDS DR.	2.3 STREET ADDRESS	1200 HIGHLANDS DR
CITY-ST-ZIP	LAKE PLACID FL. 33852	2.4 CITY-ST-ZIP	LAKE PLACID FL. 33852
TITLE	SEC/TREA ☐ DELETE	3.1 TITLE	SEC./TREA ☐ Change ☒ Addition
NAME	SID SUMNER	3.2 NAME	SID SUMNER
STREET ADDRESS	395 W. TYLER ST	3.3 STREET ADDRESS	395 WEST TYLER ST.
CITY-ST-ZIP	BARTOW FL. 33830-4550	3.4 CITY-ST-ZIP	BARTOW FL. 33830-4550
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MR. BOBBY CHAMBLESS (D)	4.2 NAME	MR. BOBBY CHAMBLESS (D) 10/9/25
STREET ADDRESS	1425 GRAVES HWY	4.3 STREET ADDRESS	1425 GRAVES HWY
CITY-ST-ZIP	DAWSON GA 31742	4.4 CITY-ST-ZIP	DAWSON GEORGIA 31742
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	MR. GEORGE ASCUE (D)	5.2 NAME	MR. GEORGE ASCUE (D) NA
STREET ADDRESS	RT 2 BOX 89 NA	5.3 STREET ADDRESS	RT BOX 89
CITY-ST-ZIP	CEDAR BLUFF VIR. 24609	5.4 CITY-ST-ZIP	CEDAR BLUFF VIRGINIA 24609
TITLE	DIRECTOR ☐ DELETE	6.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	MR. MARK SHORE (D)	6.2 NAME	MR. MARK SHORE (D) NA
STREET ADDRESS	R.I BOX 331 NA	6.3 STREET ADDRESS	R.I BOX 331
CITY-ST-ZIP	WALNUT COVE N.C. 27052	6.4 CITY-ST-ZIP	WALNUT COVE, N.C 27052

CR2E037 (10/97)

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: Sarah K. Childs April 1 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date