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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000946

1. Corporation Name

SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19621 57 ROAD MCALPIN FL	19621 57 ROAD MCALPIN FL

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3493844 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHARP, MARY L 19621 57 ROAD MCALPIN FL	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 617.1506, 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	Secty	☐ DELETE	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	SHARP, MARY L		1.2 NAME	Billie CASTAGNASSO	
STREET ADDRESS	19621 57 ROAD		1.3 STREET ADDRESS	13809 NE 150th AVE	
CITY-ST-ZIP	MCALPIN FL		1.4 CITY-ST-ZIP	Ft McCoy, FL 32134	
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Larry Armstrong		2.2 NAME		
STREET ADDRESS	12906 Littleton Bend Rd		2.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32224		2.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Carole Cosper		3.2 NAME		
STREET ADDRESS	4322 North Dr. West		3.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32207		3.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Margaret E. Raukerson		4.2 NAME		
STREET ADDRESS	19649 57th Rd		4.3 STREET ADDRESS		
CITY-ST-ZIP	Mcalpin FL 32062		4.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Lee McDonald		5.2 NAME		
STREET ADDRESS	15260 NE C.R 314		5.3 STREET ADDRESS		
CITY-ST-ZIP	Silver Spg, FLA 34489		5.4 CITY-ST-ZIP	02-23-99 90043 046 $61.25	
TITLE	Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Alan Land		6.2 NAME		
STREET ADDRESS	6900 Oak Bend Rd		6.3 STREET ADDRESS		
CITY-ST-ZIP	Polk City, FLA 33868		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, with all other like empowered.

SIGNATURE: Margaret E. Raukerson **SIGNATURE REQUIRED** Margaret E. Raukerson 1/12/99 904-963-4936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)