

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000946 1. Entity Name SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC.					
Principal Place of Business 19621 57 ROAD MCALPIN FL			Mailing Address 19621 57 ROAD MCALPIN FL		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent SHARP, MARY L 19621 57 ROAD MCALPIN FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, MARY L 19621 57 ROAD MC ALPIN FL 32062	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLS, GALE 1425 BLACKMAN RD DOTHAN AL 36301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITTENDEN, SUZANNE 5932 RATLIFF RD CALLAHAN FL 32011	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, BONNIE 626 PIEDMONT RD BARNESVILLE GA 30204	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAULERSON, PEG 19649 57TH RD MC ALPIN FL 32062	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISENANT, TOM 6040 HWY 60 R MARIANNA FL 32446	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3493844** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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