FILED

Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90388 014 \*\*\*\*61.25

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## OCUMENT # N9800000946



¿ Entity Name SOUTHERN REGIONAL FOX TROTTER ASSOCIATION, INC. Principal Place of Business Mailing Address 19621 57 ROAD 9621 57 ROAD 22000087 MCALPIN FL ACALPIN FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3493844 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----Name SHARP, MARY L Street Address (P.O. Box Number is Not Acceptable) 19621 57 ROAD MCALPIN FL City 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. the obligations of registered agent. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 I almaner TITLE ☐ Delete TITLE SHARP, MARY L NAME NAME 1045 منتحود STREET ADDRESS 19621 57 ROAD STREET ADDRESS 26323 CITY-ST-7IP CITY-ST-7IP MCALPIN FL Change Delete TITLE TITLE WHEELER, CONNIE NAME NAME 4796 STREET ADDRESS 438 SAN JOSE STREET ADDRESS 34486 CITY-ST-ZIP WINTER HAVEN FL-33884 -----CITY-ST-ZIP Change TITLE Delete TITLE LEMLER, WES NAME NAME noulles 72001 STREET ADDRESS PO BOX 458 STREET ADDRESS 33868 CITY-ST-ZIP SPARR FL 32192 CITY-ST-ZIP Delete Addition TITLE TITLE Change **BLACK, PEGGY** NAME STREET ADDRESS 5908 28TH AVE DR E STREET ADDRESS 32062 mcalon. CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-7IP TITLE Delete TITLE **Enange** Taddition. JOHNSON, SANDY NAME NAME 908 STREET ADDRESS 27726 SW 87TH AVENUE STREET ADDRESS 32446 CITY-ST-ZIP **NEWBERRY FL 32669** CITY-ST-ZIP Delete TITLE @ Change **FQ** Addition TITLE رجا لعيدا  $\mathcal{Q}$ 

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 except the inscreport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address, with all otherwise empowered. changed, or on an attachment with an address, with all

NAME

STREET ADDRESS

CITY-ST-ZIP

Dathan

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BALYEAT, LINDA

OXFORD FL 34484

4796 CR 104

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

36301

Blackman Rel

CR2E037 (10/02)