SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:16

DOCUMENT # **N19987** **(9)**

1. Corporation Name

ST. MARKS REFUGE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ST MARKS NATIONAL WILDLIFE REFUGE P O BOX 368 ST MARKS FL 32355-0368 US	HWY 98 AT NEWPORT CNTY RD 59 P O BOX 368 ST MARKS FL 32355-0368

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-2811456 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1255 Lighthouse Road	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 32355 / 25 County Wakulla	29 Zip / 30 County

9. Name and Address of Current Registered Agent

COOK, LEE
324-G WEST VAN BUREN ST.
TALLAHASSEE FL 32301

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	T	11 TITLE	D ☒ Change ☐ Addition
NAME	FISHMAN, GAIL	12 NAME	Starace, Tony
STREET ADDRESS	1305 HIGHLAND DR.	13 STREET ADDRESS	8673 Bucklake Rd.
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	THOMPSON, AL	22 NAME	Muenchow, Gayle
STREET ADDRESS	RT. 5, BOX 3866	23 STREET ADDRESS	2253 Trescott Drive
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	DP	31 TITLE	D/S ☒ Change ☐ Addition
NAME	NELSON, GIL	32 NAME	Brand, Nancy
STREET ADDRESS	4800 HEATHE DR.	33 STREET ADDRESS	2683 Nantucket Lane
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STORM, JANE	42 NAME	
STREET ADDRESS	GREENWOOD PK LOT 49	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D/P ☒ Change ☐ Addition
NAME	COOK, LEE	52 NAME	Cook, Lee
STREET ADDRESS	324-G W. VAN BUREN ST.	53 STREET ADDRESS	324-G W Van Buren St.
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D	61 TITLE	D/T ☒ Change ☐ Addition
NAME	WILKINSON, CAROL	62 NAME	Kelley, Vienna R.
STREET ADDRESS	2913 STOKLEY LN.	63 STREET ADDRESS	2318 Atapha Nene
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	Tallahassee, FL 32301

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: C. Lee Cook 6/14/95 904-224-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000017