

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

SE MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **756401** (6)

1-75 BAYSHORE ROAD INDUSTRIAL PARK OWNERS' ASSOC IATION, INC.

Principal Place of Business: 6601 BAYSHORE RD. NORTH FT MYERS FL 33917
Mailing Address: 6601 BAYSHORE RD NORTH FT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1981	3a. Date of Last Report 03/29/1994
4. FEI Number 65-6016926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt # etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip	29 Zip
25 Locality	30 Locality

9. Name and Address of Current Registered Agent
**PRITCHETT, RICHARD H., III
6601 BAYSHORE RD.
NORTH FT MYERS FL 33917**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	VD NO LONGER PROPERTY OWNER
NAME	ROSS, CHARLES
STREET ADDRESS	19512 LOST CREEK DR.
CITY, ST, ZIP	FT MYERS, FL 00000
TITLE	STD DECEASED
NAME	LONG, NANCY C.
STREET ADDRESS	RT. 2 BOX 154 WAYZATA CT
CITY, ST, ZIP	N FT. MYERS, FL 0
TITLE	PD
NAME	PRITCHETT, RICHARD H.III
STREET ADDRESS	6601 BAYSHORE RD.
CITY, ST, ZIP	N FT MYERS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN COLE	
13 STREET ADDRESS	7990 MERCHANT W. ST.	
14 CITY, ST, ZIP	NORTH FT. MYERS, FLORIDA 33917	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RALPH FOSTER	
23 STREET ADDRESS	17460 EAST STREET N.E.	
24 CITY, ST, ZIP	NORTH FT. MYERS, FLORIDA 33917	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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)(c), 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. 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, on an attachment with this filing.

SIGNATURE: *Richard H. Pritchett*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/16/95 813-543-3434
Date and Telephone Number

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Whitman
Secretary of State
1995-1997 (Elected)

APPROVED
AND
FILED

MAY 10 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756766** (2)

FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED

Principal Place of Business: 5009 RIVER LAKE RD WINTER HAVEN FL 33884
Mailing Address: 5009 RIVER LAKE RD WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 03/13/1981
3a. Date of last report: 04/26/1994
4. FEI Number: 59-2147483
Applied For: Not Applicable

21. Principal Place of Business: 705 HERITAGE BLVD
26. Mailing Address: 705 HERITAGE BLVD

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

22. Suite, Apt # etc: [Blank]
27. Suite, Apt # etc: [Blank]

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. City & State: WINTER PARK, FL
28. City & State: WINTER PARK, FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

24. Zip: 32792
25. County: ORANGE
29. Zip: 32792
30. County: ORANGE

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HOSKINS, FRAN C. 5009 RIVER LAKE ROAD WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent:
81 Name: ANITA C. BOYD
82 Street Address: 705 HERITAGE BLVD
83 [Blank]
84 City: WINTER PARK FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anita C. Boyd - ANITA C. BOYD, TREASURER 5/15/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORN, CYNTHIA H.
STREET ADDRESS	2100 C. VISION DRIVE
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	PED
NAME	TREADWAY, GENE
STREET ADDRESS	448E. RUBINS DRIVE
CITY, ST, ZIP	NOKOMIS, FL 34725
TITLE	VD
NAME	ISENBURG, NANCY
STREET ADDRESS	8147 PLAZA GATE LANE
CITY, ST, ZIP	JACKSONVILLE FL 32217
TITLE	SD
NAME	PURDUE, JUDY
STREET ADDRESS	225 N.E. 5TH AVE.
CITY, ST, ZIP	CHIEFLND FL 32626
TITLE	TD
NAME	HOSKINS, FRAN C.
STREET ADDRESS	5009 RIVER LAKE ROAD
CITY, ST, ZIP	WINTER HAVEN FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HOSKINS FRAN C.	
33 STREET ADDRESS	5009 RIVER LAKE ROAD	
34 CITY, ST, ZIP	WINTER HAVEN, FL 33884	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BOYD ANITA C.	
53 STREET ADDRESS	705 HERITAGE BLVD.	
54 CITY, ST, ZIP	WINTER PARK, FL 32792	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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)(g), 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: Anita C. Boyd - ANITA C. BOYD, TREASURER 5/15/95