

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23073 (2)**

1. Corporation Name  
**ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
ROUTE 1 BOX 1616 ROUTE 1 BOX 1616  
O'BRIEN FL 32055 O'BRIEN FL 32055

2. Principal Place of Business 2a. Mailing Address  
21 Route 1 26 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Box 1616 27  
City & State City & State  
23 O'Brien FL 28  
Zip Country Zip Country  
24 32055 25 29 30

3. Date Incorporated or Qualified 10/19/1987 3a. Date of Last Report 08/08/1995  
4. FEI Number 59-2907455 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  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ST. JACQUES, LORI D  
ROUTE 1 BOX 1623  
O'BRIEN FL 32071  
81 Name Lori D. St. Jacques  
82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 1623  
83  
84 City O'Brien FL 85 Zip Code 32071

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 *Lori D. St. Jacques* *Lori D. St. Jacques* MARCH 25/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD	1.1 TITLE	PD
NAME	TURNER, CLYDE	1.2 NAME	Herndon Dorf, Mona
STREET ADDRESS	ROUTE 1 BOX 1625	1.3 STREET ADDRESS	Rt 1 Box 1616
CITY - ST - ZIP	O'BRIEN FL 32071	1.4 CITY - ST - ZIP	O'Brien FL 32071
TITLE	VD	2.1 TITLE	V. D.
NAME	JONES, BRIAN	2.2 NAME	Maule, June
STREET ADDRESS	ROUTE 7 BOX 406B IVY STREET	2.3 STREET ADDRESS	Rt 1 Box 1621-A
CITY - ST - ZIP	LAKE CITY FL 32055	2.4 CITY - ST - ZIP	O'Brien FL 32071
TITLE	SD	3.1 TITLE	SD
NAME	HERDENDORF, MONA	3.2 NAME	Lori D. St. Jacques
STREET ADDRESS	ROUTE 1 BOX 1616	3.3 STREET ADDRESS	Rt 1 Box 1623
CITY - ST - ZIP	O'BRIEN FL 32071	3.4 CITY - ST - ZIP	O'Brien FL 32071
TITLE	TD	4.1 TITLE	T.D.
NAME	ST JACQUES, LORI D	4.2 NAME	St. Jacques, Lori
STREET ADDRESS	ROUTE 1 BOX 1623	4.3 STREET ADDRESS	Rt 1 Box 1623
CITY - ST - ZIP	O'BRIEN FL 32071	4.4 CITY - ST - ZIP	O'Brien FL 32071
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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: *Lori D. St. Jacques* *Lori D. St. Jacques* MARCH 25 /96 904/497-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)