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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 704777**

1. Corporation Name

| THE BE   | ert L. Thomas Founda   | TION, INC                          | •   |  | ·  |  |                                 |                  |                                | ·                              | ^   |
|--|--|------------------------------------|---|--|--|--|---------------------------------|------------------|--------------------------------|--------------------------------|---|
| Principal Place of Business 4231 MYRTLE ST ST. AUGUSTINE FL 32095  |  | 4231                               | Mailing Address 4231 MYRTLE STREET ST AUGUSTINE FL 32095                    |  |  |  |                                 |                  |                                | <b>a</b> n <b>an</b> an an     |   |
| US   |  | US T                               | 00001111E 1E 0200   | ,  |  |  | 4-                              |                  |                                |                                | <b>[]]                                   </b> |
| 2. Principal P   | Place of Business  | 2a. M                              | ailing Address  |  |  | •  | 3. Date Incorpora<br>11/07/1962 |                  | I                              |                                |   |
| Suite, Apt.  | · .  | 27                                 | uite, Apt. #, etc.  | ****   | ,  |  | 4. FEI Number 59-099710         | 2                |                                | <del>   · ·</del>              | plied For<br>t Applicable                     |
| City & Stat  |  | 28 C                               | ity & State   |  |  |  | 5. Certifcate of S              | tatus Desired    |                                | \$8.75 A<br>Fee Re             |   |
| Zip<br>24  | Country Zip 29   |                                    | Country 30  |  |  | 6. Election Campaign Financing Trust Fund Contribution |                                 |                  | \$5.00 May Be<br>Added to Fees |                                |   |
|  | 9. Name and Address of Curr  | rent Register                      | ed Agent  |  | 81 Nan   |  | 10. Name and Ad                 | dress of New     | Registered                     | Agent                          |   |
| T101440  |  |                                    |   |  | 81 Nan   | ne   |                                 |                  |                                |                                |   |
| THOMAS,  | , val p<br>RTLE Street   |                                    |   | -  | 82 Stre  | et Addres  | s (P.O. Box Numbe               | er is Not Accept | able)                          | •                              |   |
|  | ISTINE FL 32095  |                                    |   | ŀ  | 83   |  | *, 14 *                         |                  |                                |                                |   |
| 01 7000  | 10 11 1 E 02000  |                                    |   | }  | 84 City  |  |                                 |                  | ,                              | 85 Zip 0                       | Code  |
|  |  |                                    |   |  | '  |  |                                 |                  | <u> </u>                       | .                              |   |
| 11. Pursuant   | to the provisions of Sections 617.0 registered agent, or both, in the Sta  | )502 and 617.1<br>ate of Florida . | 1508, Florida Statu   | tes, the ab  | ove-nam  | ed corpor  | ation submits this st           | tatement for the | purpose of                     | changing its                   | registered                                    |
| Office of a  | im familiar with, and accept the obli  | igations of, Se                    | ction 617.0503, Flo   | rida Statu   | by the co  | rporation  | s board or directors            | . Thereby acce   | pi ino appoi                   | minoni as ro                   | <b>,</b>                                      |
| agent. I a   | I'm familiar with, and accept the obting the obtinguity of the obt | igations of, Se                    | oction 617.0503, Fig<br>blicable. (NOTI                                     | erida Statu<br>:: Registered /   | by the co  |  | hen reinstating)                |                  | DATE                           |                                | <del></del>                                   |
| agent. I a<br>SIGNATURE  | Signature, typed or printed name of registered a  OFFICERS.  | igations of, Se                    | oction 617.0503, Fig<br>blicable. (NOTI<br>ORS                              | : Registered /   | by the co<br>tes.  |  |                                 |                  | DATE                           | ID DIRECTO                     | RS IN 12                                      |
| agent. I a SIGNATURE 12.   | Signature, typed or printed name of registered in OFFICERS.  | igations of, Se                    | oction 617.0503, Fig<br>blicable. (NOTI                                     | : Registered /   | by the co<br>tes.<br>Agent signatu   |  | hen reinstating)                |                  | DATE                           |                                | <del></del>                                   |
| agent. I a SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered a OFFICERS PD THOMAS, B L JR  | igations of, Se                    | oction 617.0503, Fig<br>blicable. (NOTI<br>ORS                              | E: Registered / 13. 1.1 TITI   | by the cotes.  Agent signatu   | re required w  | hen reinstating)                |                  | DATE                           | ID DIRECTO                     | RS IN 12                                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed or printed name of registered a OFFICERS PD THOMAS, B L JR 4230 ORO PLACE   | igations of, Se                    | oction 617.0503, Fig<br>blicable. (NOTI<br>ORS                              | : Registered / 13. 1.1 T/T/ 1.2 NAA  | by the cotes.  Agent signature.  E   | re required w  | hen reinstating)                |                  | DATE                           | ID DIRECTO                     | RS IN 12                                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP   | Signature, typed or printed name of registered a OFFICERS. PD THOMAS, B L JR 4230 ORO PLACE JACKSONVILLE FL  | igations of, Se                    | oction 617.0503, Fig.  Micable (NOTI  ORS  DELETE                           | E: Registered / 13. 1.1 TITI 1.2 NAA 1.3 STF   | by the cotes.  Agent signature.  E  ME  REET ADORE: Y-ST-ZIP   | re required w  | hen reinstating)                |                  | DATE                           | ID DIRECTO                     | RS IN 12                                      |
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| SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registered a OFFICERS.  PD THOMAS, B L JR 4230 ORO PLACE JACKSONVILLE FL DT THOMAS, SCOTT C  | igations of, Se                    | oction 617.0503, Fig.  Micable (NOTI  ORS  DELETE                           | 13. 1.1 T/II 1.2 NAA 1.3 STF 1.4 C/IT 2.1 T/III 2.2 NAA  | by the cotes.  Agent signature.  E  ME  V-ST-ZIP  E  ME  | re required w  | hen reinstating)                |                  | DATE                           | ID DIRECTO                     | RS IN 12                                      |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tryate 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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STUPPATION CONTROL OFFICER OF DIRECTOR

1/99 Date 1/99

Daytime Phone #

22F037 (11/98)