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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

705160 DOCUMENT #

(0)

MAXCY FOUNDATION INC.

	OUNDATION INC.				
rincipal Place of	Business	Mailing Address		1 100114 10511 00151 011E1 11510 01111	
3 EAST WALL	STREET	33 EAST WALL STREET	Г		
P.O. BOX 158		P.O. BOX 158	3.2126		
FROSTPROOF FL 33843-2126		FROSTPROOF FL 33843-2126		3. Date Incorporated or Qualified	3a. Date of Last Report 04/27/1995
				03/01/1943	Applied For
Principal Place	e of Business	2a. Mailing Address		4. FEI Number 59-6137284	Not Applicable
		26 C. N. Ash # sto	<u> </u>	00 0 10 120 1	\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Oit - 9 Ctoto		City & State		6. Election Campaign Financing	55.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
- p	25	29	30	Florida Statutes 10. Name and Address of New R	Yes No
	9. Name and Address of Curre	nt Registered Agent	04	10. Name and Address of New R	adiatelen waenr
			81 Name	·	
WILSON,PI	EYTON T		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
100 PALM			83		
FROSTPRO	OOF FL 33843		63		
, i			84 City		FL 85 Zip Code
			L - N	poration submits this statement for the pur loard of directors. I hereby accept the app	roose of changing its registered offic
or registered familiar with					
GNATURE _s	ignature, typed or printed name of registered agr	ent and little it applicable (N	IOTE: Registered Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF	
GNATURES.	ignature, typed or printed name of registered age OFFICERS A		IOTE: Registered Agent signature req	ured when resessating) ADDITIONS/CHANGES TO OFF	
GNATURE	ignature, typed or printed name of registered agr	ent and little if applicable in ND DIRECTORS	IOTE: Registered Agent signature requirements	ured when resistating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
GNATURE	gnature, typed or printed name of registered age OFFICERS A	ent and little if applicable in ND DIRECTORS	IOTE: Registered Agent signature requirements. 13. 11 TITLE	ured when resistating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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SIGNATURE:

4/2016 (941) 635-4804