


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705160 (0) 1. Corporation Name MAXCY FOUNDATION INC.			
Principal Place of Business		Mailing Address	
33 EAST WALL STREET P.O. BOX 158 FROSTPROOF FL 33843-2126		33 EAST WALL STREET P.O. BOX 158 FROSTPROOF FL 33843-0158	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		30	
25		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILSON, PEYTON T 100 PALM AVE FROSTPROOF FL 33843		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WILSON, PATRICIA M		
STREET ADDRESS	100 N PALM AVE		
CITY - ST - ZIP	FROSTPROOF FL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	WILSON, CYNTHIA (ASS'T)		
STREET ADDRESS	MOUNTAIN LAKE ESTATES		
CITY - ST - ZIP	LAKE WALES FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	WILSON, P T		
STREET ADDRESS	100 N PALM AVE		
CITY - ST - ZIP	FROSTPROOF FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	FUNK, WC		
STREET ADDRESS	222 W WALL ST		
CITY - ST - ZIP	FROSTPROOF FL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	CRADDOCK, HOOD F		
STREET ADDRESS	145 LAKE OTIS RD		
CITY - ST - ZIP	WINTER HAVEN FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (941) 635-4804

CF2E037 (9/96)