

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724567** (3)  
1. Corporation Name  
**DRY PALMS FOUNDATION, INC.**



Principal Place of Business: **1251 LAMAR ROAD N FT MYERS FL 33903**  
Mailing Address: **1251 LAMAR ROAD N FT MYERS FL 33903**

3. Date Incorporated or Qualified: **10/17/1972**  
3a. Date of Last Report: **02/16/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>23-7292092</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
<b>STARKS, CHARLES A</b> <b>211 KINGSTON DR.</b> <b>FT. MYERS FL 33905</b>				81	Name			<b>Elizabeth M. Wyman</b>	
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>559 Sir Walter's Way</b>	
				83	City			<b>North Fort Myers</b>	
				84	City	<b>FL</b>	85	Zip Code	<b>33917</b>

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: *Elizabeth M. Wyman* (NOTE: Registered Agent signature required when reinstating.) DATE: **3-5-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEAN, NORMAN</b>	1.2 NAME	
STREET ADDRESS	<b>1290 W BORAD ST M-4</b>	1.3 STREET ADDRESS	<b>1290 W. Broad St. M-4</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	1.4 CITY-ST-ZIP	<b>33936</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSON, DALE</b>	2.2 NAME	
STREET ADDRESS	<b>16500 SLATER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>33917</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAIGNEAU, TYLER</b>	3.2 NAME	<b>Eugene P. Rossman</b>
STREET ADDRESS	<b>1423 SE 16 PL 102</b>	3.3 STREET ADDRESS	<b>2590 East First Street #206</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PELUSO, NANCY</b>	4.2 NAME	<b>Jeanne Quinn</b>
STREET ADDRESS	<b>2247 SE 28TH STREET</b>	4.3 STREET ADDRESS	<b>5957 Baker Ct.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRASHER, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>145 CAPT. JOHN SMITH RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	5.4 CITY-ST-ZIP	<b>33917</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STARKS, CHARLES</b>	6.2 NAME	<b>Elizabeth M. Wyman</b>
STREET ADDRESS	<b>211 KINGSTON DRIVE</b>	6.3 STREET ADDRESS	<b>559 Sir Walter's Way</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	6.4 CITY-ST-ZIP	<b>North Fort Myers, FL 33917</b>

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: *Elizabeth M. Wyman* DATE: **3-5-96** DAYTIME PHONE #: **543-2758**

CR2E037 (12/95)