

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/17/1972		
4. FEI Number 23-7292092	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**WYMAN, ELIZABETH M
559 SIR WALTERS WAY
N FT MYERS FL 33917**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, NORMAN	1.2 NAME	
STREET ADDRESS	1200 W BROAD ST M-4	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	33936
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DALE	2.2 NAME	
STREET ADDRESS	16500 SLATER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	33903
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSMAN, EUGENE P	3.2 NAME	
STREET ADDRESS	2500 E 1ST ST STE 206	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	33901
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNIKOSKI, HARRET J	4.2 NAME	VD
STREET ADDRESS	17200 PIONEER ST	4.3 STREET ADDRESS	Marshall, Lavonne
CITY-ST-ZIP	N. FORT MYERS FL	4.4 CITY-ST-ZIP	1502 Tropic Terrace
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRASHER, CHARLES	5.2 NAME	Thrasher, Charles
STREET ADDRESS	145 CAPT. JOHN SMITH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYMAN, ELIZABETH M	6.2 NAME	
STREET ADDRESS	559 SIR WALTERS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	33917

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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 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* ELIZABETH M. WYMAN 4-9-98 543-2758

CR2E037 (10/97)