

**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 # 733754 (6)**  
1. Corporation Name  
**THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**1210 E. BUFFALO AVE. TAMPA FL 33603-4417**

3. Date Incorporated or Qualified **09/05/1975** 3a. Date of Last Report **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1619213</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 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 type="checkbox"/> No
	Country		Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MUSSELMAN, GREG**  
**1210 E MARTIN LUTHER KING BLVD**  
**TAMPA FL 33603**

81 Name **RANDALL R. WYNNIE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1210 E MLK JR BLVD**  
83  
84 City **TAMPA** FL 85 Zip Code **33603**

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 *Randall Wynnie* DATE **2/21/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD (2ND) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMOLL, HERB	1.2 NAME	HENRY VAN DEN
STREET ADDRESS	1987 GEORGIA CIRCLE S	1.3 STREET ADDRESS	15918 SHAWNEE LAKE DR
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, BILL	2.2 NAME	OMALI YESHITALA
STREET ADDRESS	5401 40TH AVE.N.	2.3 STREET ADDRESS	1246 18TH AVE S
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOODWORTH, CAROLINE	3.2 NAME	ANTHONY BOBO
STREET ADDRESS	500 60 AVE S	3.3 STREET ADDRESS	7501 OKEECHOBEE COURT
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	TAMPA FL 33637
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMANN, ED	4.2 NAME	LOU PITNEY
STREET ADDRESS	4612 NAVAJO AVE.	4.3 STREET ADDRESS	2613 WATROUS AVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSSELMAN, GREG	5.2 NAME	HELEN GORDON DAVIS
STREET ADDRESS	822 DRUID HILLS	5.3 STREET ADDRESS	45 ADALIA
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOKLEY, JAMES SR.	6.2 NAME	JUDAN FOX
STREET ADDRESS	2118 W. CARMEN ST	6.3 STREET ADDRESS	2801 OLD BAYSHORE WAY
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA FL 33611

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: *Herbert Schmoll* PRESIDENT Date **8/3-538-7097**  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)