FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754400 (0)

1. Corporation Name
THANKSGIVING CELEBRATION, INC.

Principal Place of Business	Mailing Address
140 SUNTAN AVENUE C/O DONALD R. STEELE SARASOTA FL 34237-3215	140 SUNTAN AVENUE C/O DONALD R. STEELE SARASOTA FL 34237-3215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1980
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2372678 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STEELE, DONALD R.
140 SUNTAN AVENUE
SARASOTA FL 34237-3215

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	1.1 TITLE	P/D	[X] Change ☐ Addition
NAME	HUNNIFORD, TED	1.2 NAME	Richard Carr	
STREET ADDRESS	1702 LAUREL ST.	1.3 STREET ADDRESS	2105 Worrington Street	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	Sarasota, FL. 34231	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, DONALD R	2.2 NAME		
STREET ADDRESS	140 SUNTAN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S/D	[X] Change ☐ Addition
NAME	RYDEN, TERRY	3.2 NAME	Marty Delmon	
STREET ADDRESS	3872 BELWOOD DR.	3.3 STREET ADDRESS	4061 Crocker Lake Blvd. - #2628	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL. 34276	
TITLE	D	4.1 TITLE	VP/D	[X] Change ☐ Addition
NAME	CARR, RICHARD	4.2 NAME	Don Morrison	
STREET ADDRESS	464 S CREEK DR	4.3 STREET ADDRESS	1200 Glory Way Blvd.	
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	Bradenton, FL. 34202	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, RUSSELL	5.2 NAME		
STREET ADDRESS	2117 WORRINGTON ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Donald R. Steele Treasurer Mar. 15, 1995 923-1592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003846