03011999-90116-038-$61.25-$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90116 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764016

1. Corporation Name

THE GLENN W. MORRISON AND HAZELLE PAXSON FOUNDATION, INC.

Principal Place of Business	Mailing Address
112 E. POINSETTA DRIVE LAKELAND FL 33803	112 E. POINSETTA DRIVE LAKELAND FL 33803

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/02/1982

4. FEI Number: 59-2220612 ☐ 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

9. Name and Address of Current Registered Agent

MASSEY, M. CRAIG
100 E. MAIN ST.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: JOHN A. ATTAWAY, JR.
82 Street Address (P.O. Box Number is Not Acceptable): % PUBLIX SUPERMARKETS INC.
83: 321 SOUTH KENTUCKY AVENUE
84 City: LAKELAND FL 85 Zip Code: 33801

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: John A. Attaway, Jr. DATE: 3/22/99
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	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FARRIS, NORMAN E		1.2 NAME	
STREET ADDRESS	111 COUNTRY KNOLL		1.3 STREET ADDRESS	
CITY-ST-ZIP	NICHOLASVILLE KY		1.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	2.1 TITLE SD	☒ Change ☒ Addition
NAME	MASSEY, M. CRAIG		2.2 NAME	JOHN A. ATTAWAY, JR.
STREET ADDRESS	100 E. MAIN ST.		2.3 STREET ADDRESS	321 S.KENTUCKY AVENUE
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND, FLORIDA 33801
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CHARLES H., JR		3.2 NAME	
STREET ADDRESS	112 E. POINSETTIA		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, RALPH C.		4.2 NAME	
STREET ADDRESS	1401 SOUTH FLORIDA AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RICKER, PATRICIA		5.2 NAME	
STREET ADDRESS	1500 BISHOP ESTATES-VILLA #25		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99 941-683-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES H. DAVIS, JR. TREASURER