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 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03448 (0)

1. Corporation Name
MEASE MANOR RESIDENTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN M. NORTON 700 MEASE PLAZA DUNEDIN FL 34698	C/O JOHN M. NORTON 700 MEASE PLAZA DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1984
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2437006 ☐ 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 ☒ $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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NORTON, JOHN M
MEASE MANOR
700 MEASE PLAZA
DUNEDIN FL 34698

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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, JAMES O	1.2 NAME		
STREET ADDRESS	1095 VIRGINIA ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MELTON, MARY~~	2.2 NAME	Maureen Freaney	
STREET ADDRESS	~~1053 BASS BLVD.~~	2.3 STREET ADDRESS	542 Main Street	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	MAPP, ELMER A.	3.2 NAME		
STREET ADDRESS	700 MEASE PLAZA, APT 350	3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP		
TITLE	~~SD~~	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~FLINT, GEORGE~~	4.2 NAME	Flumerfelt, George	
STREET ADDRESS	700 MEASE PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HALE, JEANNETTE	5.2 NAME		
STREET ADDRESS	2307 JONES COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	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: _____ Elmer A. Mapp, President 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #
(813)733-1161

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