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

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N12980 (1)

1. Corporation Name
THE GOOD SENSE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1860 NW BOCA RATON BLVD. BOCA RATON FL 33432 US	P.O. BOX 62 BOCA RATON FL 33429-0062 US

3. Date Incorporated or Qualified: 01/16/1986
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2627280 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

MENG, MICHAEL R
1860 NW BOCA RATON BLVD.
BOCA RATON FL 33432

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	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	MILLSPAUGH, JANE A.	1.2 NAME	
STREET ADDRESS	33 E. MINOR ST.	1.3 STREET ADDRESS	3330 Greenwood Drive
CITY-ST-ZIP	EMMAUS PA	1.4 CITY-ST-ZIP	Springtown PA 18081-0009
TITLE	PD	2.1 TITLE	PD ☑ Change ☐ Addition
NAME	MENG, MICHAEL R.	2.2 NAME	
STREET ADDRESS	1860 NW BOCA RATON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33432
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	NEWMAN, BOBBI	3.2 NAME	
STREET ADDRESS	2200 CYPRESS BEND DR. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	33062
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	GRADY, DIANE M	4.2 NAME	Diane Rossi
STREET ADDRESS	7098 BERACASA WAY	4.3 STREET ADDRESS	460 Forrest Springs Dr.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Gatlinburg TN 37738
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael R. Meng, President 7/1/95 (407) 392-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048228