

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

05 MAY -1 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N18363**

**(4)**

1. Corporation Name

**THE STRANG FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

505 AVENUE A - N.W. - STE.310 -  
P.O. BOX 194  
WINTER HAVEN FL 33882

505 AVENUE A - N.W. - STE.310 -  
P.O. BOX 194  
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified **12/19/1986**      3a. Date of Last Report **02/21/1994**  
4. FEI Number **59-2842475**      Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **200 AVE B NW**

26 **P.O. Box 194**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**Winter Haven FL**

28 City & State

**Winter Haven FL**

24 Zip

**33880**

25 Country

**Polk**

29 Zip

**33882-0194**

30 Country

**Polk**

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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRANG, CARL J. III  
505 AVENUE A, N.W. STE.310  
WINTER HAVEN FL 33882**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>STRANG, CARL J. III</b>
STREET ADDRESS	<b>505 AVENUE A, NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>VTD</b>
NAME	<b>STRANG, CARL J. JR.</b>
STREET ADDRESS	<b>505 AVENUE A, NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>SD</b>
NAME	<b>ROONEY, EVE STRANG</b>
STREET ADDRESS	<b>505 AVENUE A, NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>STRANG, JOHN WALTON</b>
STREET ADDRESS	<b>505 AVENUE A, NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>STRANG, MAX WILSON</b>
STREET ADDRESS	<b>505 AVENUE A, NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/91*

Date

*012/299-1105*

Keyfile 11000