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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N18363

(4)

THE STRANG FOUNDATION, INC.

FILED
May 08 1997 8:00am
Secretary of State
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Principal Place of Business Mailing Address 200 AVE. B N.W. P.O. BOX 194					······································				
P.O.BOX 194			P.O.BOX 194						
WINTEP HAVEN FL 33880 US			Winter Haven FL 33882-0194 US				3. Date Incorporated or Qualified 12/19/1986	3a. Date of Las 05/01/	
2. Principal Pla	ace of Business		2a. Mailing Addre	ess			4. FEI Number	1. 1	Applied For
21			26				59-2842475		Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State)	}	City & State				Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country		Zip		Country		8. This corporation has liability for li	ntangible tax unde	r s. 199.032,
24	25		29	30	0			Yes No	
	9. Name and Addres	s of Current R	legistered Agent	 			10. Name and Address of New Re	pistered Agent	
070410	CARL LIII				81	Name			
STRANG, CARL J.,III 505 AVENUE A. N.W. STE 310, 200 Ave. 18, NW					62		ress (P.O. Box Number is Not Acceptable) Ave. B. NW		
WINTER	HAVEN FL 22882	1888			Win	ter Haven, FL 33881			
					84	City		FL 85 Z	p Code
44 Durament t	a the provinces of Coatio	00 617 0500 0	nd C17 1ED9 Florid	la Ctabutas	the shows	named o	orporation submits this statement for the p	urnose of changing	te societored
office or re	gistered agent, or both,	in the State of I	Florida Such chang	ge was aut	horized by	the corpo	orporation's board of directors. I hereby accep	t the appointment	as registered
agent, i ar	n familiar with, and acce	pt trie obligatio	ins of, Section 617,0	, , , , , , , , , , , , , , , , , , ,	da Otatolob	,			
SIGNATURE _	•								
SIGNATURE _	Signature, typed or printed name o	registered agent ar	nd tille if applicable.		Registered Ager		quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
SIGNATURE _	Signature, typed or printed name o		nd tille if applicable.	(NOTE: F		ni signalure re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ORS IN 12
SIGNATURE _	Signature, typed or printed name o	of registered agent an FICERS AND D	nd tille if applicable.	(NOTE: F	Registered Ager	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC PD	DATE ERS AND DIRECT	ORS IN 12
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information indicated on this annual report or suppremental 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 charged on an attachment with an address.

TURE REQUIRED

SIGNATURE:

4/8/97

941-299-1195 X324