


FILE NOW: FILING FEE IS \$61.25

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Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26668 (6)
1. Corporation Name
THE BUTLER FOUNDATION

Principal Place of Business Mailing Address
**825 BAYSHORE DR. 1301
PENSACOLA, FL. 32507**

2. Principal Place of Business 2a. Mailing Address
21 **550 PARK AV.** 26 **550 PARK AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **10W** 27 **10W**
City & State City & State
23 **NEW YORK, NY** 28 **NEW YORK, N.Y.**
Zip Country Zip Country
24 **10021** 25 Country 29 **10021** 30 Country

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **04/03/1996**
4. FEI Number **59-2898825** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BUTLER, W. JACK
825 BAYSHORE DR
PENSACOLA, FL. 32507**

10. Name and Address of New Registered Agent
81 Name **MR. PATRICK G. EMMANUEL**
82 Street Address (P.O. Box Number is Not Acceptable) **EMMANUEL, SHEPPARD + CONDON**
83 **30 SOUTH SPRING ST.**
84 City **PENSACOLA** FL 85 Zip Code **32596**

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 **W. Jack Butler** DATE **July 20, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P BUTLER W. JACK
STREET ADDRESS	825 BAYSHORE DR.
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	<input type="checkbox"/> DELETE
NAME	B BUTLER, PATRICIA F.
STREET ADDRESS	825 BAYSHORE DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	<input type="checkbox"/> DELETE
NAME	D BUTLER, PETER F.
STREET ADDRESS	825 BAYSHORE DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	<input type="checkbox"/> DELETE
NAME	P BUTLER, CHRISTOPHER
STREET ADDRESS	550 PARK AVE 10W
CITY-ST-ZIP	NEW YORK, N.Y. 10021
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	550 PARK AVE 10W
1.3 STREET ADDRESS	NEW YORK, N.Y. 10021
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	550 PARK AVE. 10W
2.3 STREET ADDRESS	NEW YORK, N.Y. 10021
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	700002254957
6.3 STREET ADDRESS	-08/01/97--01056--010
6.4 CITY-ST-ZIP	***61.25

14. I do 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.

SIGNATURE: **W. Jack Butler** Date **6/14/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
W. JACK BUTLER

CR2E037 (9/96)