

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26675 (1)
1. Corporation Name
THE PLANTATION COMMUNITY FOUNDATION, INC.



Principal Place of Business: **500 ROCKLEY BLVD. VENICE FL 34293**
Mailing Address: **500 ROCKLEY BLVD. VENICE FL 34293**

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **01/26/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0056930	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEAMON, JAMES M. 500 ROCKLEY BOULEVARD VENICE FL 34293		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 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: *James M. Seamon*
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	VD HEDSTROM, ERIC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD.	1.2 NAME	
STREET ADDRESS	VENICE FL 34293	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD SEAMON, JAMES M. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD.	2.2 NAME	
STREET ADDRESS	VENICE FL 34293	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD DIEHL, BARBARA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD	3.2 NAME	
STREET ADDRESS	VENICE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD PIKE, EDWARD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD.	4.2 NAME	Henry Neuberger
STREET ADDRESS	VENICE FL 34293	4.3 STREET ADDRESS	500 Rockley Blvd
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Venice, FL 34293
TITLE	T SUBBIONDO, ANDREW <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD.	5.2 NAME	TD
STREET ADDRESS	VENICE FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D MATHISEN, RAY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 ROCKLEY BLVD	6.2 NAME	Teague, Jo
STREET ADDRESS	VENICE FL	6.3 STREET ADDRESS	500 Rockley Blvd.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Venice, FL 34293

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)(k), 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: *James M. Seamon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **941-497-4826**
Daytime Phone #

CR2E037 (12/95)