

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
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DOCUMENT # N28207 (1)
 1. Corporation Name
THE BERT FISH FOUNDATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 55 FEB - 95 PM 1:41

Principal Place of Business C/O NOAH C. MCKINNON, JR. 595 WEST GRANADA BOULEVARD, SUITE A ORMOND BEACH FL 32174-9448	Mailing Address C/O NOAH C. MCKINNON, JR. 595 WEST GRANADA BOULEVARD, SUITE A ORMOND BEACH FL 32174-9448
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2. Principal Place of Business 21 Bert Fish Foundation Suite, Apt. #, etc. 22 245 E. New York Ave. City & State 23 DeLand, FL. 32724 Zip 24 32724	2a. Mailing Address 26 Bert Fish Foundation Suite, Apt. #, etc. 27 P.O. Box 46 City & State 28 DeLand, FL 32721 Zip 29 32721 Country 30 Volusia
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1988	3a. Date of Last Report 01/25/1994
4. FEI Number 59-3020772	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCKINNON, NOAH C. JR. 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH FL 32074	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
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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 NOAH C. MCKINNON, JR., ESQUIRE *Noah C. McKinnon Jr* 1/31/95
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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERHILL, W AMORY	1.2 NAME	
STREET ADDRESS	145 N. GARFIELD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILDECKER, WILLIAM W.	2.2 NAME	
STREET ADDRESS	7 PLEASANT VIEW CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, CARL	3.2 NAME	
STREET ADDRESS	300 TARRAGONA WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLINGHAM, FRANK G.	4.2 NAME	
STREET ADDRESS	HONTOON ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTER, JOSEPH	5.2 NAME	
STREET ADDRESS	145 EAST RICH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, I. MAURICE	6.2 NAME	
STREET ADDRESS	725 N. CHEROKEE AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	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)(b), 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: *I. Maurice Miller* **I. Maurice Miller** 1/25/95 904-734-2124
Signature and Typed or Printed Name of Signing Officer or Director Date (Day-Month-Year)