

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28207** (1)

1. Corporation Name

THE BERT FISH FOUNDATION, INC.



Principal Place of Business

Mailing Address

BERT FISH FOUNDATION
245 E. NEW YORK AVE
DELAND FL 32724
US

BERT FISH FOUNDATION
P. O. BOX 46 N/A
DELAND FL 32721
US

3. Date Incorporated or Qualified
09/01/1988

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **Bert Fish Foundation**

25 **Bert Fish Foundation**

4. FEI Number
59-3020772

Applied for
Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

22 **245 E. New York Ave.**

27 **P.O. Box 46**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

City & State

23 **DeLand, FL.**

28 **DeLand, FL.**

Zip

Country

Zip

Country

24 **32724**

25 **Volusia**

29 **32721**

30 **Volusia**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNON, NOAH C. JR.
595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH FL 32074

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

Noah C. McKinnon, Jr., Esquire

Noah C. McKinnon Jr. 1/19/96

NOTE: Registered agent signature required when registering.

NOTE: Registered agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	UNDERHILL, W AMORY	
STREET ADDRESS	145 N. GARFIELD AVE.	
CITY- ST- ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHILDECKER, WILLIAM W.	
STREET ADDRESS	7 PLEASANT VIEW CIRCLE	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, CARL	
STREET ADDRESS	300 TARRAGONA WAY	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GILLINGHAM, FRANK G.	
STREET ADDRESS	HONTOON ROAD	
CITY- ST- ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASTER, JOSEPH	
STREET ADDRESS	145 EAST RICH AVE	
CITY- ST- ZIP	DELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, I. MAURICE	
STREET ADDRESS	725 N. CHEROKEE AVENUE	
CITY- ST- ZIP	DELAND FL	

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)(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: **I. Maurice Miller** *I. Maurice Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(904) 734-2124

Date

Telephone Number

CR2E037 (12/95)