## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N28207

(1)

THE BERT FISH FOUNDATION, INC.

**FILED** Feb 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				# CD Alstan and them shill then mosts if	
BERT FISH FOUNDATION BERT FISH FOUNDATION					
245 E. NEW YORK AVE.		P. O. BOX 46 N/A DELAND FL 32721-0046 US			
DELAND FL 32724 US				3. Date incorporated or Qualified 09/01/1988	3a. Date of Last Report 01/26/1996
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3020772	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees
24	25	29 3	¬		Yes No
#-7	9. Name and Address of Current			10. Name and Address of New Re	
			81 Name		
MCKINNON, NOAH C. JR.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
595 WEST GRANADA BLVD., SUITE A					
ORMOND BEACH FL 32074			83		
	$\sim$		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 families with, and append the political section 617.0503, persons statutes.					
office or registered egent, 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 appear the politications of the section 617.0503. Elegida Statutes.					
SIGNATURE / ANNO / / / / / / / / / / / / / / / / / /					
12.	Signature, typed of printed name of rigiste ud agent OFFICERS AND		Registered Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1,1 TITLE	ADDITIONA, OF ACTUAL TO OF THE	Change 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	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHILDECKER, WILLIAM W.		2.2 NAME		
STREET ADDRESS	7 PLEASANT VIEW CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME	D Ward, Carl	C DECEIE	3.1 TITLE 3.2 NAME		C A SHELLER FOR WORLD IN
STREET ADDRESS	300 TARRAGONA WAY		3.3 STREET ADDRESS		}
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		Change 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 MACTER IOCENIA	☐ DELETE	5.1 TITLE		Change Addition
NAME	MASTER, JOSEPH		5.2 NAME		
STREET ADDRESS	145 EAST RICH AVE DELAND FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S S	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	MILLER, I. MAURICE		6.2 NAME		and and the second
STREET ADDRESS	725 N. CHEROKEE AVENUE		6.3 STREET ADDRESS		
City-SI-ZiP	DELAND FL		6.4 CITY-ST-ZIP		
14 Lee herel		Lucial Alice dillocardona and secolida		d in Contine 110 07/2VI). Florida Statuto	a. I further partifu that the

I do hereby certify that the information supplied with this filling 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.



Daytime Phone # 0013448