

150-400-1101 - 0  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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	
2. Principal Place of Business	2a. Mailing Address	21. 131 E. New York Ave.	26. Suite, Apt. #, etc.
22. Suite 3	27. City & State	23. DeLand, FL	28. Zip
24. 32724	25. Volusia	29. Country	30. Country

3. Date Incorporated or Qualified	09/01/1988
4. FEI Number	59-3020772
Applied For	Not Applicable
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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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. City	
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 617.0993, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/21/98

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *[Signature]* DATE: 1/21/98

CF2E037 (10/97)