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**Feb 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N28207**

1. Corporation Name  
**THE BERT FISH FOUNDATION, INC.**

Principal Place of Business  
**BERT FISH FOUNDATION**  
**3**  
**DELAND FL 32724**  
**US**

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

\* 1 2 5 2 8 3 9 5 3 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/01/1988	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3020772	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25	Country	30	Country	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCKINNON, NOAH C. JR.</b> <b>595 WEST GRANADA BLVD., SUITE A</b> <b>ORMOND BEACH FL 32074</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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.* Noah C. McKinnon, Jr. January 22, 1999

Signature, typed or printed name of registered agent and the 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MASTER, JOSEPH		5.2 NAME	Joseph J. Master			
STREET ADDRESS	145 EAST RICH AVE		5.3 STREET ADDRESS	505 E. New York Ave., Suite 3			
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP	DeLand, FL. 32724			
TITLE	S	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *I. Maurice Miller* I. Maurice Miller 1/22/99 904-734-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)