

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 2/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$393)**

**APPROVED  
AND  
FILED**

95 JUL 11 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N29874 (7)**

1. Corporation Name

**MARSHALL E. RINKER, JR. FOUNDATION, INC.**

Principal Place of Business

Mailing Address

140 WILLADEL DRIVE  
BELLEAIR FL 34816

140 WILLADEL DRIVE  
BELLEAIR FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1988** 3a. Date of Last Report **02/24/1994**

4. FEI Number **59-2921458** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RINKER, MARSHALL E. JR.  
140 WILLADEL DRIVE  
BELLEAIR FL 34616**

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

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 **PD**  
NAME **RINKER, MARSHALL E. JR.**  
STREET ADDRESS **140 WILLADEL DRIVE**  
CITY - ST - ZIP **BELLEAIR FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition  
**100001536101**  
**-07/12/95--01077--013**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **STD**  
NAME **RINKER, MARY E.**  
STREET ADDRESS **140 WILLADEL DRIVE**  
CITY - ST - ZIP **BELLEAIR FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

TITLE **D**  
NAME **MOERINGS, MARSHA R.**  
STREET ADDRESS **2329 PROSPERITY BAY CT.**  
CITY - ST - ZIP **PALM BCH GARDENS FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

TITLE **D**  
NAME **BLACK, KATHERINE R.**  
STREET ADDRESS **15 BAY HARBOR RD**  
CITY - ST - ZIP **TEQUESTA FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

TITLE **D**  
NAME **RINKER, MARSHALL E. III**  
STREET ADDRESS **2330 PROSPERITY BAY CT.**  
CITY - ST - ZIP **PALM BCH GARDENS FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

TITLE **D**  
NAME **RINKER, NANCY D.**  
STREET ADDRESS **17344 S.E. CONCH BAR RD.**  
CITY - ST - ZIP **TEQUESTA FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition  
**953**  
**7/11/95**

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 110.07(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: Marshall E Rinker Jr **6/12/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**MARSHALL E. RINKER, JR**

CR2E037 (3/95)