

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36533 (0)
1. Corporation Name
THE EDGEWATER HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O WENDELL J. KISER
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801
US

3. Date Incorporated or Qualified **02/05/1990** 3a. Date of Last Report **02/10/1995**
4. FEI Number **59-3000721** 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**
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 24 Country 25 Zip 26 Country
27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISER, WENDELL J.
315 E. ROBINSON ST.
SUITE 600
ORLANDO FL 32801

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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PD KISER, WENDELL J.**
STREET ADDRESS **315 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME **D CARPENTER, RITSY P.**
STREET ADDRESS **825 SEVILLE PLACE**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME **D HOLBROOK, DAVID L**
STREET ADDRESS **3117 EDGEWATER DR.**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME **D GORDY, C BRUCE**
STREET ADDRESS **1135 OVERBROOK DRIVE**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME **DS MCNALLY, JOHN S, JR**
STREET ADDRESS **315 E. ROBINSON ST., SUITE 100**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: Wendell J. Kiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 407-425-7010
Date Daytime Phone #

CR2E037 (12/95)