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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N49695

(2)

JOHN J AND LUCILLE C. MADIGAN CHARITABLE FOUNDAT ION, INC.

Principal Place of Business Mailing Address				- I SABESTIAL BIL BEBER ERISA ERISA SANDI AND BARRI BIRIL BERLU BARRI BIRIL BARRI BIRIL BARRI BIRIL BARRI		
2900 S. TAMIAMI TRL. SARASOTA FL 34239 US		1913 S. LAKE SHORE DR. SARASOTA FL 34291 US				
				3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 01/31/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		4. FEI Number 65-0352871	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for Inte	,
24	25	29	30			Yes 🗷 No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	*
			٤	1 Name		
DRABIK, ROBERT			<u> </u>	Ctroot Add	and /D O Day Number is blat Assessables	
	TAMIAMI TRAIL		ľ	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	:
	TA FL 34239		8	3		
			ε	4 City		85 Zip Code
44 6				'		FL
or register	to the provisions of Sections 617.0502 red ag ent; or both, i n the State of Flori	r and 617.1508, Florida Statutes, da. Such change was authorized	the above	rporation's boa	ation submits this statement for the purpord of directors. I hereby accept the appoint	se of changing its registered office tment as registered agent. I am
familiar wi	n, and acceptine obligations of Sec	tion 617.0503, Florida Statutes.	(1 1
SIGNATURE	John Holis	Robert to	DR	9B1K,	rres. /	17/96
12.		and title if applicable (NOTE: D DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TiTL	 	ABBITOTO OF ATGES TO OFFICE	Change Addition
NAME	TOUSEY, MARK		1.2 NAM	1		Clouding Clouding
STREET ADDRESS	25 ONSLON SO FLAT 2			ET ADDRESS		
CITY - ST - ZIP	LONDON, ENGLAND					
TITLE	D	DELETE	2.1 THTL	-ST-ZIP		Change Addition
NAME	DRABIK, ROBERT F.	L. Joece II.		ľ		Change Modition
	1313 S LAKE SHORE DR		22 NAM			
STREET ADDRESS	SARASOTA FL			ET ADDRESS		
CITY - ST - Z(P	D	The ere	_	r-St-Zip		Change Addition
TITLE	DRABIK, PATRICIA J.	DEFFELE	31 TITL		·	Change Addition
NAME	1313 S LAKE SHORE DR		3 2 NAM			
STREET ADDRESS	SARASOTA FL			ET ADDRESS		
CITY-ST-ZIP	OMNAOUIM FL	Porter	_	(-ST-ZIP		
TITLE		DEFFE	4 1 TITL			☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				- ST- ZIP	***************************************	
TITLE		DOĒLĒTE	5.1 TITL	•		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY - ST - ZIP			5.4 CITY	- \$T- ZIP		
TITLE		DELETE	6.1 TITL	:		Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STR	ET ADDRESS		
CITY-ST-ZIP			6.4 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:

1/17/96 941-366-2100 Degrine Prone #