

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90005 004 \*\*\*\*61.25

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1. Corporation Name

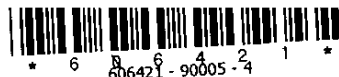
BULLMOOSE HONOR SOCIETY CHARITABLE FOUNDATION, I  
NC.

Principal Place of Business

201 HIGHLAND AVE  
LARGO FL 33770  
US

Mailing Address

PO BOX 5068  
CLEARWATER FL 34618



2. Principal Place of Business

21 570 CARILLON PKWY

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL

Zip Country

24 33716 25 USA

26

City & State

Zip Country

29 33758 30

3. Date Incorporated or Qualified

05/21/1993

4. FEI Number

59-3210604

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

9. Name and Address of Current Registered Agent

ORR, STANLEY R  
201 HIGHLAND AVE  
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

570 CARILLON PKWY

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

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

TITLE D ☐ DELETE

NAME FERRARA, V R  
STREET ADDRESS 611 DRUID RD, SUITE 105  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE

NAME WISER, RONALD B  
STREET ADDRESS 1532 LONG RD  
CITY-ST-ZIP KALAMAZOO MI 49008

TITLE D ☐ DELETE

NAME ORR, STANLEY R  
STREET ADDRESS 201 HIGHLAND AVE  
CITY-ST-ZIP LARGO FL 34640

TITLE D ☐ DELETE

NAME GADBERRY, EDWIN JR  
STREET ADDRESS 2551 RADSTOCK RD  
CITY-ST-ZIP MIDLOTHIAN VA 23113

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/99 727-299-1803

CR2E037 (5/99)