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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N94000000386 (2)
1. Corporation Name
THE CROSLY ESTATE FOUNDATION, INC.



Principal Place of Business Mailing Address

**C/O ADVISORY COMMITTEE MEETING ROOM
1112 MANATEE AVENUE WEST
BRADENTON FL**

**C/O EILEEN FALLS
3202 7TH AVENUE WEST
BRADENTON FL 34205
US**

3. Date Incorporated or Qualified
01/18/1994

4. FEI Number **65-0678528**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **c/o Wallace Dunlap** 28 **c/o JGPatterson**
849 Waterside Lane 28 **911 Village Green Parkway**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Bradenton, Florida** 27 **911 Village Green Parkway**
City & State City & State

23 **Bradenton, Florida** 28 **Bradenton, Florida**
City & State City & State

24 Zip **34209** 25 Country **Manatee** 29 Zip **34209** 30 Country **Manatee**

9. Name and Address of Current Registered Agent

**DUNLAP, WALLACE
849 WATERSIDE LANE
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC <input type="checkbox"/> DELETE
NAME	DUNLAP, WALLACE B
STREET ADDRESS	849 WATERSIDE LANE
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	DVC <input type="checkbox"/> DELETE
NAME	HOUGH, MARLA
STREET ADDRESS	1101 6TH AVENUE, W., #108
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	DVC <input type="checkbox"/> DELETE
NAME	RUSSELL, WILLIAM
STREET ADDRESS	3710 18TH AVENUE WEST
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	DS <input type="checkbox"/> DELETE
NAME	BELACK, STEVE
STREET ADDRESS	7342 SHEPHERD STREET
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	DT <input type="checkbox"/> DELETE
NAME	PATTERSON, JOHN
STREET ADDRESS	911 VILLAGE GREEN PKWY
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, DORIS
STREET ADDRESS	1912 72ND STREET NW
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *John G. Patterson* **John G. Patterson** **941-792-4073**

CR2E037 (10/97)