1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400000386

THE CROSLEY ESTATE FOUNDATION, INC.

Principal Place of Busine
C/O WALLACE DUNLAP
849 WATERSIDE LN
BRADENTON FL 34209
110

Mailing Address

CIA IC DATTERSON

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90140 003 \*\*\*\*61.25



849 WATERSID	DE LN	911 VILLAGE GREEN PKW BRADENTON FL 34209	Υ						
US CHAPENTON P	ITON FL 34209 BRADENTON FL 34209 US							••.•••	
00		•				}			
2. Principal Pl	ipal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
21		26			01/18/1994				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		1 1	lied For	
22		27			65-0678528	<del> </del>		Applicable	
City & State	е	City & State			5. Certifcate of Status Desired		\$8.75 A		
Zip	Country Zip			Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Contribution	LJ	Added to	Fees
#L	Registered Agent				10. Name and Address of New F	legistered .	Agent		
				81	Name				
DUNLAP, WALLACE				82 Street Address (P.O. Box Number is Not Acceptable)					_
	RSIDE LANE		Į			( ) = ( ) = ( ) = ( )			_
	ON FL 34209			83					
DIVIDENT	01116 01200		-	84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode
				- 1	•		FL	.	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the ab	ove	-named corpo	oration 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	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
TITLE	DC	☐ DELETE	1.1 TITI	LE				Change	☐ Addition
NAME	DUNLAP, WALLACE B		1.2 NAI	ME					
STREET ADDRESS	- 40 1414 7700107 4 1117		1.3 STF	REET	ADDRESS				]
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP		-ZIP				
TITLE	DVC S DELETE		2.1 TITLE					Change	☐ Addition
NAME	HOUGH, MARLA		2.2 NAME						Į
STREET ADDRESS			2.3 STREET ADDRESS		ADORESS				
CITY-ST-ZIP	BRADENTON FL 34205		2. 4 CI	TY-SI	T-ZIP				
TITLE	DVC	DELETE	3.1 TITI					☐ Change	Addition
NAME	RUSSELL, WILLIAM		3.2 NA						
STREET ADDRESS	3710 18TH AVENUE WEST		1		ADDRESS				}
CITY-ST-ZIP	BRADENTON FL 34205		3.4. CI						
TITLE	DS	☐ DELETE	4.1 TIT					☐ Change	Addition
NAME	BELACK, STEVE		4. 2 NA						
STREET ADDRESS	7342 SHEPHERD STREET		1		ADDRESS				
	SARASOTA FL 34243		4.5 GIT						
CITY-ST-ZIP TITLE	DT	☐ DELETE	5.1 TIT		- 411			Change	Addition
NAME	PATTERSON, JOHN		5.2 NA					-	İ
	911 VILLAGE GREEN PKWY				ADDRESS				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		5.4 CIT		i				ł
CITY-ST-ZIP	BRADENTON FL 34209	DELETE	6.1 TIT					☐ Change	Addition
TITLE	D DODIC		6.2 NA						
NAME	WRIGHT, DORIS				ADDRESS				ļ
STREET ADDRESS	1912 72ND STREET NW		0.3 811	NEE I	AUURE33				

6.4 CITY-ST-ZIP BRADENTON FL 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.