FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004614 (3)
1. Corporation Name

HAROLD P. RANSBURG FOUNDATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

1221 GULFSHORE BLVD N NAPLES FL 33940

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

1221 GULFSHORE BLVD N NAPLES FL 34102-4922

FILED Mar 21 1997 8:00am Secretary of State



3-12-97 941-161-0176
Date Daytime Prome # 0086609

3a. Date of Last Report

05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

09/19/1994

65-0533168

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

		⊢-n Country	Zip		<u></u>	Country			This corporation has			. 199.032,		
24 34102-4922 25 29 30								Florida Statutes	X Yes					
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
						B1	Name					1		
RANSBURG, MARIA L							82 Street Address (P.O. Box Number is Not Acceptable)							
1221 GULFSHORE BLVD N						83								
NAPLES FL 33940												[
							City				85 Zip (Code		
						84	Oity			Fi		02-4922		
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 amflavillar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE: 3-11-97														
Signature, typed or printed name of registered agent and title if applicable) (NOTE Registere							Istered Agent signature required when reinstating) DATE							
12.		OFF ICERS A	ND DIRECTOR			13.			ADDITIONS/CHANGE	S TO OFFICERS AN				
TIFLE	D	_		DELETE				D		_	XX Change	Addition		
NAME	RANSBURG, MARIA L				1	1.2 NAME	l	KAN	SBURG, MARIA	L,		ļ		
STREET ADDRESS	1221 0021 0110112 0210 11					1.3 STREET	ADDRESS		1 GULF SHORE					
CITY - \$1 - ZIP						1.4 CITY - ST - ZIP		NAP	LES, FLORIDA	34102	· · · · · · · · · · · · · · · · · ·			
TITLE	D			☐ DELETE	DELETE 2.11						Change	Addition		
NAME	WANNELL, W RAYMOND]				}		
STREET ADDRESS	ss 305 Southwest Dr					2.3 STREET	ADDRESS							
CHY-ST-ZIP	SILVER	SPRINGS MD 20901				2. 4 CITY -	ST-ZIP							
TITLE	D			DELETE		3.1 TITLE		,			☐ Change	Addition		
NAME	LARKIN	, RICHARD K MAJOI	R G		1	3.2 NAME								
STREET ACHORESS	HESS 1517 NIGHT SHADE CT 3					3.3 STREET	ADDRESS					1		
CHY-\$1-70°	VIENNA	VA 22180				3.4. CITY - S	ST-ZIP							
TITLE				DELETE	Ţ	4.1 TITLE]			☐ Change	Addition		
NAME	1				1	4. 2 NAME						1		
STREET ADDRESS	``				1	4.3 STREET	ADDRESS					ļ		
CITY - ST- ZIP					-[4.4 CITY - S	T-ZIP	1				[
TIILE				DELETE	T	5.1 TITLE					Change	Addition		
NAME					ł	5.2 NAME		ľ				l		
STREET ADDRESS					1	5.3 STREET	ADDRESS							
CITY-ST-ZIP					- 1	54 CITY-S	T-21P	ł				ł		
TITLE				DELETE	1	6.1 TITLE					☐ Change	Addition		
NAME					•	6.2 NAME						J		
STREET ADDRESS					1	6.3 STREET	ADDRESS					ļ		
CHY-ST-ZIP					1	6.4 CITY-S	iT - ZiP							
14. I do hereb	y certify tha	t the information suppli	ed with this fill	ng does not quali	fy for	the exe	mption s	tated in	Section 119.07(3)(i), Flo	orida Statutes. I furth	er certify that	the		
I am an of	14. I do 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 no an attachment with an address.													