NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400004614

1. Corporation Name

HAROLD P. RANSBURG FOUNDATION, INC.

Principal Place of Business

Mailing Address

1221 GULFSHORE BLVD N NAPLES FL 34102-4922

1221 GULFSHORE BLVD N NAPLES FL 33940

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90105 049 ****61.25



— ·	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 09/19/1994							
Suite, Apt.	# etc	20	Suite, Apt. #, etc.					4. FEI Number			Ţ	Арр	ied For
22	m, oto.	27	Cultof ripti n r cici					65-0533168			 		Applicable
City & State	 e	28	City & State					5. Certifcate of Status	Desired			75 Ad	lditional uired
Zip	Country Zip				Country USA			Election Campaign Trust Fund Contribut	_		\$5.00 May Be Added to Fees		
24 25 29 34102 30 9. Name and Address of Current Registered Agent							<u>A</u>	10. Name and Address of New Registered Agent					
	5. Name and Address of Current	regi	stered Agent		81	N	lame	TO TRUITE BITE STEELS		<u>.</u>			
DAMODUD	O MADIA I				99			non (B.O. Boy Number in I	lot Accepts	able)			
RANSBURG, MARIA L 1221 GULFSHORE BLVD N					82	82 Street Address (P.O. Box Number is Not Acceptable)							
NAPLES FL 34102					83			_					
					84	¢	City			FL	85	Zip C	ode
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change wa	as author	ized by	the	amed corpo corporatio	oration submits this staten on's board of directors. I he	ent for the ereby accep	purpose of of the appoir	changi itment	ng its r as reg	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable //	NOTE Regis	tered Ace	nt sicr	nature reduired	d when reinstating)		DATE			
12.	OFFICERS AND				13.	it ugi	naturo rodonas	ADDITIONS/CHANG	ES TO OF	FICERS AN	D DIR	CTOF	S IN 12
TITLE	D		DELETE		1.1 TITLE						Ch		Addition
NAME	RANSBURG, MARIA L			1	1.2 NAME								
STREET ADDRESS					1.3 STREE	TADO	DRESS						
CITY-ST-ZIP	NAPLES FL				1.4 CITY-\$	T-ZIP							
TITLE	D		☐ DELETE	<u> </u>	2.1 TITLE						다	ange	Addition
NAME	WANNELL, W RAYMOND				2.2 NAME								
STREET ADDRESS	305 SOUTHWEST DR				2.3 STREE	TADO	DRESS						
CITY-ST-ZIP	SILVER SPRINGS MD 20901				2. 4 CITY-S	ST-ZH	P						CT AJJES
TITLE	D		☐ DELETE		3.1 TITLE						□ Ch	ange	Addition
NAME	LARKIN, RICHARD K MAJOR G				3.2 NAME		[
STREET ADDRESS					3.3 STREE								
CITY-ST-ZIP	VIENNA VA 22180		☐ DELETE		3.4. CITY-S	ST-ZII	P					ange	Additio
TITLE				- 1	4.1 TITLE 4. 2 NAMÉ								
NAME					4.2 NAME 4.3 STREE	T 4 D C	DDECC						
STREET ADDRESS													
CITY-ST-ZIP TITLE			☐ DELETE	_	4.4 CITY-S 5.1 TITLE	1-4P		·			□ Ct	ange	Addition
					5.2 NAME							•	_
NAME STORET ADDRESS					5.3 STREE	TADO	DRESS						
STREET ADDRESS					5.4 CITY-S								
CITY-ST-ZIP TITLE			☐ DELETE		6.1 TITLE						Cr	ange	Addition
NAME				1	6.2 NAME								
STREET ADDRESS				- 1	6.3 STREE	TADE	DRESS						
CITY-ST-ZIP					6.4 CITY-S	T-ZIF	P						

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 attacomment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E037 (11/98)