

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000006358 (3)

1. Corporation Name
THE GALBRAITH FOUNDATION, INC.



Principal Place of Business ONE BEACH DRIVE STE 1802 ST PETERSBURG FL 33701	Mailing Address ONE BEACH DRIVE STE 1802 ST PETERSBURG FL 33701-3926
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3418869		Applied For Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FISHER & SAULS PA 100 2ND AVE. SOUTH STE 701 ST PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, JOHN W.	1.2 NAME	Galbraith, John W.
STREET ADDRESS	ONE BEACH DRIVE STE 1802	1.3 STREET ADDRESS	One Beach Drive, Ste 1802
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, ROSEMARY P.	2.2 NAME	Galbraith, Rosemary P.
STREET ADDRESS	ONE BEACH DRIVE STE 1802	2.3 STREET ADDRESS	One Beach Drive, Ste 1802
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RACHEL L.	3.2 NAME	
STREET ADDRESS	2382 GLEN ECHO FARM	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 2911	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, REBECCA L.	4.2 NAME	
STREET ADDRESS	2561 NOVEMBER HILL FARM	4.3 STREET ADDRESS	
CITY-ST-ZIP	KESWICK VA 22947	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed or on an attachment with an address.

SIGNATURE: *John W. Galbraith* **REQUIRED** **4/22/97**
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # _____

CR2E037 (9/96)