

FILE NOW: FILING FEE IS \$61.25

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**May 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mathis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002705 (8)
1. Corporation Name
THE SALEM FOUNDATION, INC.



Principal Place of Business SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA FL 33609	Mailing Address SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA FL 33609
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3. Date Incorporated or Qualified 05/09/1997	
4. FEI Number 59-3445283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SALEM, ALBERT M JR.
SALEM BUILDING, SUITE 100
4600 KENNEDY BOULEVARD
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SALEM, ALBERT M JR.	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>
D	SALEM, TEDDY H	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>
D	SALEM, ALBERT M III	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>
D	SALEM, NANCY E	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>
D	SALEM, MARY G	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>
D	HAMPTON, ANNE S	POST OFFICE BOX 18607	N/A	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1					
1.2					
1.3					
1.4					
2.1					
2.2					
2.3					
2.4					
3.1					
3.2					
3.3					
3.4					
4.1					
4.2					
4.3					
4.4					
5.1					
5.2					
5.3					
5.4					
6.1					
6.2					
6.3					
6.4					

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.

CR2E037 (10/97)