FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P38501

(3)

QUEST FOUNDATION, INCORPORATED

					 				
Principal Place of Business Mailing Address							* ********* **** ***** ***** ***** *****	181 81811 81811 81811 B1811	#(#II #1#II I##I
P.O. BOX 708 HIGHLANDS NO	28741	P.O.BOX 3575 TALLAHASSEE	P.O.BOX 3575 Tallahassee FL 32315-3575						
						3.	Date Incorporated or Qualified 04/27/1992	3a. Date of Last 04/17/1	Report 996
2. Principal P	lace of Business	28. Mailing A	ddress			4.	FEI Number 23-7154667	 	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5.	5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	e	City & Sta	ite			6.	Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Z ip	30	Country	у	8.	This corporation has liability for Florida Statutes	intangible tax under	r s. 199.032,
	Name and Address of Cur	rent Registered Age	nt			10.	Name and Address of New Re	gistered Agent	
				81	Name	Gera	ald Grow		
GATEWOOD, STEVE (01 d) 6075 SCRVB JAY TRAIL				62	Street A		O. Box Number is Not Acceptab	ole)	
	EE FL 34759			83					
				84	City	Tall	lahassee	Fi 85 3	2303
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Fi	orida Statutes,	the abov	e-named o	corporatio	n submits this statement for the p	versoon of changing	a ita englatarad
office or r agent. La	registered agent, or both, in the St im familiar with, and accept the of	late of Florida. Such cl Digations of, Section 6	hange was auth 17.0503. Florida	orized b a Statute	y the corpo is.	oration's t	coard of directors. I hereby accept	ot the appointment	as registered
SIGNATURE	Struld O. 1	Dow	Geral	40	Gm	w		1/28/97	
JIGINATORE .	Signature, typod or printed name of registered	I agent and title if applicable		gistered Ag	ent signature re			DATE	
12.		AND DIRECTORS		13.		,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PD		DELETE	1.1 TITLE				Chang	e 🔲 Addition
NAME	VALENTINE, JAMES			1.2 NAME					
STREET ADDRESS	P.O. BOX 3575 N/A			1.3 STREE	T ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CITY -	ST-ZIP				
TITLE	l VD		DELETE	2.1 TITLE				Chang	e 🔲 Addition
NAME	MILTON, JOHN			2.2 NAME					
STREET ADDRESS	P.O. BOX 1856 N/A			2.3 STREE	T ADDRESS				
CITY - ST - ZIP	BISBEE AZ			2. 4 CITY-	ST-ZIP				
FITLE	STD		DELETE	3.1 TITLE		STD		☐ Chang	e Addition
NAME	VALENTINE, PHILIP			3.2 NAME		VÁĽ	ENTINE, PHILLI	P	
STREET ADDRESS	1415 VINE ST. #2			3.3 STREE	T ADDRESS	144	O MARION #28		
CITY - ST - ZIP	DENVER CO			3.4. CITY-	ST-ZIP	DÉN	VER CO		
TITLE			DELETE	4.1 TITLE				Chang	e Addition
NAME				4. 2 NAME	:				
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY - S1 - ZIP				4.4 CITY-	ST-ZIP		•		
TITLE			DELETE	5.1 TITLE				Chang	e 🔲 Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP				
TITLE			DELETE	6.1 TITLE				☐ Chang	e
NAME				6.2 NAME				_ •	
STREET ADDRESS					T ADDRESS				

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, or on an attachment with an address.

SIGNATURE: