

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 APR 27 AM 11:48**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N20618**

**(7)**

1. Corporation Name

**VAN WEZEL FOUNDATION, INC.**

Principal Place of Business

**700 N. TAMAMI TRAIL  
SARASOTA FL 34236  
US**

Mailing Address

**P. O. BOX 3434  
SARASOTA FL 34230  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1987**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-2807055**

Applied For

Not Applicable

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DART, JOHN M.  
1549 RINGLING BOULEVARD  
SUITE 600  
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |
|----------------|--------------------------|
| TITLE          | VCD                      |
| NAME           | ROTHENBERG, HARVEY       |
| STREET ADDRESS | 4733 MEADOW LARK DR.     |
| CITY- ST- ZIP  | SARASOTA FL              |
| TITLE          | CD                       |
| NAME           | SANDEGREN, ANDREW (MRS.) |
| STREET ADDRESS | 5201 BAYSHORE RD.        |
| CITY- ST- ZIP  | SARASOTA FL              |
| TITLE          | S                        |
| NAME           | DART, JOHN M.            |
| STREET ADDRESS | 1549 RINGLING BLVD.#600  |
| CITY- ST- ZIP  | SARASOTA FL              |
| TITLE          | TD                       |
| NAME           | WOOD, ARTHUR M., JR.     |
| STREET ADDRESS | 1515 RINGLING BLVD.      |
| CITY- ST- ZIP  | SARASOTA FL              |
| TITLE          | P                        |
| NAME           | HAUG, CURTIS W.          |
| STREET ADDRESS | 709 N. TAMAMI TRAIL      |
| CITY- ST- ZIP  | SARASOTA FL              |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VCD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Michael Pender            |                                                                              |
| 1.3 STREET ADDRESS | 1605 Main St., Suite 1100 |                                                                              |
| 1.4 CITY- ST- ZIP  | Sarasota, FL 34230        |                                                                              |
| 2.1 TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Ernest F. Rice            |                                                                              |
| 2.3 STREET ADDRESS | 454 Meadowlark Drive      |                                                                              |
| 2.4 CITY- ST- ZIP  | Sarasota, FL 34236        |                                                                              |
| 3.1 TITLE          | SD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Dart, John M.             |                                                                              |
| 3.3 STREET ADDRESS | 1549 Ringling Blvd. #600  |                                                                              |
| 3.4 CITY- ST- ZIP  | Sarasota, FL 34236        |                                                                              |
| 4.1 TITLE          | CD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Wood, Arthur M. Jr.       |                                                                              |
| 4.3 STREET ADDRESS | 1515 Ringling Blvd.       |                                                                              |
| 4.4 CITY- ST- ZIP  | Sarasota, FL 34236        |                                                                              |
| 5.1 TITLE          | Executive Director        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | Lee Conklin               |                                                                              |
| 5.3 STREET ADDRESS | 709 N. Tamiami Trail      |                                                                              |
| 5.4 CITY- ST- ZIP  | Sarasota, FL 34236        |                                                                              |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |                                                                              |
| 6.3 STREET ADDRESS |                           |                                                                              |
| 6.4 CITY- ST- ZIP  |                           |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Morham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ANNE H. SANDERSON*  
DIRECTOR

Date

**FEB 15 1995**  
4-21-95

813-366-6878  
Daytime Phone #