

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000859 (6)**

1. Corporation Name

**THE CHALLENGE FOUNDATION, INC.**

Principal Place of Business

**219 COLONADE CIRCLE  
NAPLES FL 33940-8724**

Mailing Address

**219 COLONADE CIRCLE  
NAPLES FL 34103-8724**



3. Date Incorporated or Qualified **02/16/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 <b>2706 South Horseshoe Dr.</b>	26 <b>2706 South Horseshoe Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite 103</b>	27 <b>Suite 103</b>
City & State	City & State
23 <b>Naples, FL</b>	28 <b>Naples, FL</b>
Zip	Zip
24 <b>34104</b>	29 <b>34104</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number **65-0641867** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**O'NEILL, WILLIAM R  
BUCKINGHAM, DOOLITTLE & BURROUGHS  
5551 RIDGEWOOD DRIVE, SUITE 302  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	Chairman <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William F. Rasmussen	1.2 NAME	Alfred Hoffman, Jr.
STREET ADDRESS	219 Colonnade Circle	1.3 STREET ADDRESS	801 Laurel Oak Drive, # 500
CITY-ST-ZIP	Naples, FL 34103-8724	1.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe B. Cox	2.2 NAME	
STREET ADDRESS	3001 Tamiami Trail, North	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34103	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma Boyd	3.2 NAME	
STREET ADDRESS	1210 Tamiami Trail, North	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burt L. Saunders	4.2 NAME	
STREET ADDRESS	3301 East Tamiami Trail, # 304	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianna Foggin	5.2 NAME	
STREET ADDRESS	448 Marco Lake Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Marco Island, FL 34145	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huntley A. Hornbeck	6.2 NAME	
STREET ADDRESS	671 Goodlette Road, North	6.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	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 a 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: \_\_\_\_\_ 2/26/97 941-403-0740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069361

CR2E037 (9/96)