

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90133 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 710959

1. Corporation Name

DRISCOLL FOUNDATION, INC.

Principal Place of Business

PO BOX 820716
S FL FL 33082
US

Mailing Address

PO BOX 820716
33082 FL 33174
US



2. Principal Place of Business

21 3200 SW 116th Avenue

Suite, Apt. #, etc.

22 City & State
23 Davie, FL

Zip

24 33330

Country
25 US

2a. Mailing Address

26 PO Box 820716

Suite, Apt. #, etc.

27 City & State

28 South Florida, FL

Zip

29 33082

Country
30 US

3. Date Incorporated or Qualified

05/27/1966

4. FEI Number

59-1142501

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

9. Name and Address of Current Registered Agent

~~GARDNER, FRANK C~~
~~3701 SW 112 AVE~~
~~DAVIE FL 33330~~

10. Name and Address of New Registered Agent

81 Name

Marder, Michael E.

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

South Trust Bank Building, Suite 1100
135 West Central Boulevard

83

84 City

Orlando

FL

85 Zip Code
32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME GARDNER, FRANK C
STREET ADDRESS 3701 SW 112 AVE
CITY-ST-ZIP DAVIE FL

TITLE PD ☐ DELETE

NAME DRISCOLL, W JOHN
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE ST ☐ DELETE

NAME GEIFER, MICHAEL J.
STREET ADDRESS FIRST NATL BANK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE D ☐ DELETE

NAME DRISCOLL, RUDOLPH W
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE D ☐ DELETE

NAME DRISCOLL, JOHN B
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Michael E. Marder* Michael E. Geifer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

651-4410

Daytime Phone #

CR2E037 (1/98)