## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

710959

(8)

1. Corporation	OLL FOUNDATION, INC.		والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراع					
Principal Place		Mailing Address	•			4 and itt inter sider diese inidi gitt.	· C 1	+ =+0++ Q+B++ (Q4)
PO BOX 820716 S FL FL 33082		PO BOX 820716 33082 FL 33114 US						
U\$		05				3. Date Incorporated or Qualified 05/27/1966	3a. Date of Last 05/01/1	
2. Principal FI	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
<u>]</u>		26				59-1142501	<del></del>	Vot Applicable
Suite, Apt +	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	] [	Additional Required
City & State	)	City & State				6. Election Campaign Financing	<del></del>	O May Be
3		28				Trust Fund Contribution		d to Fees
<b>7</b> ip 1	Country	Zip	$\vdash$	intry		8. This corporation has liability for i		s. 199.032,
4	25 9. Name and Address of Current	29  t Registered Agent	30	1		Florida Statutes  10. Name and Address of New Re	Yes No	
				81	Name			
GARDNE	R, FRANK C			62	Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
	/ 112 AVE				- Direct Addi	tis (i.e. pox valinos) is not zooblas		
DAVIE F	L 33330			83				
				84	City		85 Zij	o Code
t Durauant	a the receipions of Continue 617 0600	and 617 1500 Florida State	toc the p		named sorr	poration cultiplies this statement for the p	FL   S   Z''	its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment a	is registered
	n tamiliar with, and accept the obliga	tions of, Section 617,0503, F	TOTICA S(A)	utes				
SIGNATURE _	Signature, typicd or printed name of registered agor	it and tele if applicable (NC	TE: Registere	d Ager	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	VP	VP ☐ DELETE  GARDNER,FRANK C		1.1 TITLE 1.2 NAME			Change	Additio
NAME STREET ADDRESS	3701 SW 112 AVE				A DODECC			
CHTY-ST-ZIP	DAVIE FL		1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	PD			21 TITLE			☐ Change	Additio
NAME	DRISCOLL, W JOHN		22 N	2 2 NAME				
STREET ADDRESS	2100 FIRST NATL BK BLDG		2.3 \$	TREET.	ADDRESS			
CITY-ST-ZIP	ST PAUL MN		2. 4 CITY-ST-ZIP		T-ZIP			
THTLE	ST	☐ DELETE	3.1 TITLE		:		Change	e L. Additio
NAME	GEIFER, MICHAEL J.		3.2 N		PPDECC			
STREET ADDRESS	FIRST NATL BANK BLDG ST PAUL MN				ADDRESS			
CITY - ST - ZIP TITLE	D D	DELETE	3.4. C	ITY-S TLE	1-ZIP		Change	e
NAME	DRISCOLL, RUDOLPH W	/•	4.21					
STREET ADDRESS	2100 FIRST NATL BK BLDG				ADDRESS			
CITY-ST-ZIP	ST PAUL MN		4.4 C	TY-\$1	r-ziP			
TITLE	D	DELETE	5.1 1	TLE			☐ Change	Additio
NAME	DRISCOLL, JOHN B		5.2 N					
STREET ADORESS	2100 FIRST NATL BK BLDG				ADDRESS			
CITY - ST - ZIP	ST PAUL MN			5.4 CITY-ST-ZIP 6.1 FITLE			Change	Addition
TI7LE Name		C DECCIE	6.1 ti		\		C Origing	אנטייטטר 🚅
NAME STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		7		MY-SI	i			
14. I do heret	y certify that the information supplied	with this filing does not qua	tify for the	exe	motion states	in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the
I am an of	n indicated on this annual report of si ficer or director of the corporation or h Block 12 or Block 13 it phanged, or	the receiver or trustee enthoc	wered to (	accu exec	rate and that ute this repo	my signature shall have the same lega rt as required by Chapter 617, Florida S	i errect as it made t tatutes; and that my	inder oath; th / name

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97 954 472 Daytime Phone \* 0076

**FILED** 

Mar 19 1997 8:00am

Secretary of State