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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **711308** (7)

1. Corporation Name

EMPLOYEES' ONE DONATION CLUB OF JOHNSON CONTROLS, INC.



Principal Place of Business

**7315 N. ATLANTIC AVE
CAPE CANAVERAL FL 32920**

Mailing Address

**7315 N. ATLANTIC AVE
CAPE CANAVERAL FL 32920-3721**

3. Date Incorporated or Qualified
08/05/1966

3a. Date of Last Report
12/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P. O. Box 1489

Suite, Apt. #, etc.

27

City & State

28 Cape Canaveral, FL

Zip

29 32920

Country

30

4. FEI Number
59-6194487

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

**BROWN, JAMES L
7315 N. ATLANTIC AVE
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **CHARLES, DEAN R**
CITY - ST - ZIP **220 SARGENT AVENUE
OAK HILL FL 32759**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HOPSTOCK, ALICE**
CITY - ST - ZIP **1520 BREAM STREET
MERRITT ISLD FL 32952**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BELLAMY, REBECCA L**
CITY - ST - ZIP **PO BOX 55, N/A
OAK HILL FL 32759**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **COBURN, SHERRY**
CITY - ST - ZIP **4100 JAMES ROAD
COCOA FL 32923**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **AHMAY, HOLLY S**
CITY - ST - ZIP **225 S TROPICAL TR #124
MERRITT ISLAND FL 32952**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HARTNETT, MIKE**
CITY - ST - ZIP **280 MARLIN DR
MERRITT ISLD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **VD**
1.3 STREET ADDRESS **DEAN, CHARLES R.**
1.4 CITY - ST - ZIP **220 SARGENT AVENUE
OAK HILL, FL 32759**

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 **CD**
3.3 STREET ADDRESS **BELLAMY, REBECCA L.**
3.4 CITY - ST - ZIP **P. O. Box 55 N/A
OAK HILL, FL 32759**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **TIPTON, JOYCE A.**
4.4 CITY - ST - ZIP **2088 OTTERBEIN AVENUE
COCOA, FL 32922**

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 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:

4 MAR 97 407/853-9613

CR2E037 (9/96)