FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712447 (2)

1. Corporation Name

GEORGE W. JENKINS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FL 33802	1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1967
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-6194119 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAY, CAROLYN C.
2116 E. GACHET BLVD.
LAKELAND FL 33813

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DAY, CAROLYN C	1.2 NAME	HART, BARBARA O	
STREET ADDRESS	2116 E GACHET BLVD	1.3 STREET ADDRESS	415 EUNICE DR	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	JENKINS, HOWARD	2.2 NAME	JOHNSON, TINA	
STREET ADDRESS	5412 LYKES LANE	2.3 STREET ADDRESS	5010 BAYSHORE BLVD #601	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	CD	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BARNETT, CAROL	3.2 NAME	BARNETT, HOYT R	
STREET ADDRESS	531 LONE PALM DRIVE	3.3 STREET ADDRESS	531 LONE PALM DRIVE	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, GEORGE W	4.2 NAME		
STREET ADDRESS	2200 REANEY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	HOLLIS, MARK C	5.2 NAME	HOLLIS, MARK C	
STREET ADDRESS	12222 LAKE HOLLINGSWORTH	5.3 STREET ADDRESS	RESIGNED	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☒ Change ☐ Addition
NAME	JENKINS, CHARLES H	6.2 NAME	JENKINS, CHARLES H	
STREET ADDRESS	2120 PHILLIPS AVENUE	6.3 STREET ADDRESS	RESIGNED	
CITY-ST-ZIP	LAKELAND FL	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)(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: Carolyn C Day CAROLYN C DAY , SECRETARY MARCH 7, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088002