SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 01 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 # 714355 (5)

1. Corporation Name
FOA CHARITIES, INC.

Principal Place of Business	Mailing Address
1511 N. WESTSHORE BLVD. SUITE 1000 TAMPA FL 33607	2873 REMINGTON GREEN CIR. SUITE 101 TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1968
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address
21 2873 Remington Green Circle	26
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, Florida	City & State 28
Zip 24 32308	Zip 29
Country 25 USA	Country 30

4. FEI Number: 59-1261771 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARSON, LEONARD A 2873 REMINGTON GREEN CIR. SUITE 101 TALLAHASSEE FL 32308	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 _____ 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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FISHER, ALAN P O.D.		1.2 NAME	Fisher, Alan P., O.D.	
STREET ADDRESS	2025 E. EDGEWOOD DR.		1.3 STREET ADDRESS	2025 E. Edgewood Drive	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP	Lakeland, Florida 33803	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FOREMAN, RONALD R O.D.		2.2 NAME	Foreman, Ronald R., O.D.	
STREET ADDRESS	1387 S. 1ST ST.		2.3 STREET ADDRESS	1387 S. 1st Street	
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP	Lake City, Florida 32055	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCLANE, JOHN W III		3.2 NAME		
STREET ADDRESS	6 SOUTH 14TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLAY, JUDITH A O.D.		4.2 NAME		
STREET ADDRESS	2567 CAPITAL MEDICAL BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	KING, CHRISTOPHER B O.D.		5.2 NAME	King, Christopher B., O.D.	
STREET ADDRESS	1800 PLACIDA RD.		5.3 STREET ADDRESS	1800 Placida Road	
CITY-ST-ZIP	ENGLEWOOD FL 34223		5.4 CITY-ST-ZIP	Englewood, Florida 34223	
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	STERN, SIDNEY J O.D.		6.2 NAME	Stern, Sidney, J., O.D.	
STREET ADDRESS	8732 SUNSET DR.		6.3 STREET ADDRESS	8732 Sunset Drive	
CITY-ST-ZIP	MIAMI FL 33173		6.4 CITY-ST-ZIP	Miami, Florida 33173	

CR2E037 (4/97)

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: SIGNATURE REQUIRED 07/28/97 850-656-6404