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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

714733

(3)

CORINNE AND ELY MEYER FOUNDATION, INC.

Principal Place of Business

Mailing Address

% 51 W. ELLIOT #108 TEMPE AZ 85284 % 51 W. ELLIOT #108 TEMPE AZ 85284

FILED May 05 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 06/11/1968

3a. Date of Last Report 02/05/1996

	4625 S. Wesser	28. Mailing Address	0 5		59-099	4314	<u> </u>	Applied For	
Suite, Apt.			2 MEN	D		1011	•	Not Applicable	
22 111		Suite, Apt. #, etc.			5. Certificate of S	Status Desired	, , ,	75 Additional se Required	
City & State	. A	City & State	Q2.		6. Election Camp			.00 May Be	
23 TEM		28 \@MP2_			Trust Fund Co	ntribution	☐ Ac	ided to Fees	
Zip 24 も Sシ	is a constant in the constant			Oountry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Current		100		10. Name and A				
****			81	Name					
NELSON, WILLIAM A 6001 PELICAN BAY BLVD., #1201 NAPLES FL 33963				82 Street Address (P.O. Box Number is Not Acceptable)					
				82 Street Address (P.O. Box Number is Not Acceptable)					
								Harana balan da	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_					
			84	City			FL 85	Zip Code	
11. Pursuant l	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ites, the above	l e-named corp	oration submits this	statement for the	nurnose of chano	ing its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was	authorized by	the corporati	ion's board of directo	ors. I hereby acce	pt the appointme	nt as registered	
•	Tribaning with and accept the conga	10110 01, 00011011 01710000, 1	ionda biatoto	2.					
SIGNATURE _	Signature, typed or printed name of registered ager	it and title if applicable. (NC	TE: Registered Age	ent signature require	ed when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CH	HANGES TO OFFI	CERS AND DIBE		
TITLE	TD	☐ DELETE	1.1 TIBLE				L Chi	ange Addition	
NAME	GOLD, WALTER L		1.2 NAME			_			
STREET ADDRESS	51 ELLIOT RD. #106		1.8 STREET	ADDRESS 4	625 S. W	ا سعنط ٥ دمد) # (1)		
CITY-ST-ZIP	TEMPE AZ 85284		1.4 CITY - S	SI-ZIP TA	empe Az	45284			
TITLE	PD	☐ DELETE	2.1 TITLE				Chi	ange Addition	
NAME	MEYER, JANE W		2.2 NAME						
STREET ADDRESS	12 OLD SPRING DR.		2.8 STREET	ADDRESS	•				
CITY-ST-ZIP	SHELBYVILLE KY 40065		2. 4 CITY-1	ST-ZIP			_		
TITLE	6VD	☐ DELETE	3.1 TITLE				. Chi	ange 🔲 Addition	
NAME	GOLD, GLORIA M		3.⊉ NAME	1.		•			
STREET ADDRESS	51 W. ELLIOT RD., #106		3.8 STREET	ADDRESS 4	622 8 W	enoar,	√√ ₩ !!!		
CITY-ST-ZIP	TEMPE AZ 85284		3.4 CITY-		EMPE, AZ	A2587			
TITLE		DELETE	4.4 TITLE		•		Ch:	ange 🔲 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.8 STREET						
CITY-ST-ZIP		T AFIERS	4.4 CITY - S	ST-ZIP					
TITLE		DELETE	5.I TITLE				☐ Ch	ange 🔲 Addition	
NAME			5.2 NAME				•		
STREET ADDRESS			5.8 STREET						
CITY-ST-ZIP		D pr. ree	5.4 CITY - S	ST - ZIP					
TITLE		☐ DELETE	6.4 TITLE				L Ch	ange L Addition	
NAME			6.⊉ NAME						
STREET ADDRESS			6.8 STREET						
CITY-ST-ZIP	hardin that the information	Lighth this filles dans seeks -	6.4 CITY - S		(to O 110 05/0	Will Florida Oi 1 :			
informatio	by certify that the information supplied on indicated on this annual report or si ifficer or director of the corporation or in Block 12 or Block 13 if changed, or	upplemental annual report is the receiver or trustee empo	true and acco wered to exec	urate and that	my signature shall h	ave the same lea	al effect as if mad	de under oath: that	