NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # 714733							
CORINI	NE AND ELY MEYER FOUND	ATION, INC.						
134753	TERN.							
Principal Plac	e of Business	Mailing Address						
C/O 4625"S WENDLER		% 4625 S WENDLER						
111		111						
TEMPE AZ 85 US	<del>284</del>	TEMPE AZ 85284 US			1 192117 19911 (1511 11911 11911 11911			
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 06/11/1968			
21   Suite, Apt. #, etc.   22		Suite, Apt. #, etc.			4. FEI Number 59-0994314			
City & Sta	te	City & State			5. Certificate of Status Desired			
23		28						
Zip	Country 25	Zip Country		у	6. Election Campaign Financing Trust Fund Contribution			
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent			
		, <del>,</del>	8		10 m			
NELSON, WILLIAM A		No. of the Control of	83	Street	Address (P.O. Box Number is Not Acceptable)			
1	LICAN BAY BLVD., #1201 FL 33963		8:	3				
NAPLES	FL 33903		8-	4 City	85			
CONGRE	A SUM STEEL STATE OF SOME	14 W 359		] ""	FL			
11. Pursuant	the the previous of Continue 617 AEA2	and 617,1508, Florida Statute	monzea o	v tne com	corporation submits this statement for the purpose of changoration's board of directors. I hereby accept the appointmen			
SIGNATURE	Signature, typed or printed name of registered agent	and title if annivable (NOTE: I	Registered Ag	ant signature	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	TD							
NAME	GOLD, WALTER L		1.2 NAME					
STREET ADDRESS	AARE O MENDIED DD #444		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	TELES AT			ITY-ST-ZIP				
TITLE	PD	☐ DELETE	21 TITLE					

## **FILED** Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90054 025 \*\*\*\*61.25

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

1.

Zip Code

11. Pursuant	to the provisions of Sections 617.0502 and 617.1508, Florida Statutegistered agent, or both, in the State of Florida. Such change was an familiar with, and accept the obligations of, Section 617.0503, Florida Statutegisters	uthorized by the corporation	oration submits this statem on's board of directors. I he	nent for the purpose of changing its ereby accept the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.			
TITLE	TD DELETE	1,1 TITLE		Change	Addition Addition
NAME I	GOLD, WALTER L	1.2 NAME			
STREET ADDRESS	4625 S WENDLER DR #111	1.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPE AZ	1.4 CITY-ST-ZIP			
TITLE	PD DELETE	21 TITLE		☐ Change	☐ Addition
NAME	MEYER, JANE W	2.2 NAME	•		
STREET ADDRESS	12 OLD SPRING DR.	. 2.3 STREET ADDRESS			
CITY-ST-ZIP	SHELBYVILLE KY 40065	2. 4 CITY-ST-ZIP			
TITLE	SVD DELETE	3.1 TITLE		Change	Addition
NAME	GOLD, GLORIA M	3.2 NAME			
STREET ADDRESS	4625 S WENDLER DR #111	3.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPE AZ	3.4. CITY+ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS	•	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME i		5.2 NAME		•	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	,	5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
	certify that the information supplied with this filing does not qualify for	r the exemption stated in S	Section 119.07(3)(i), Florida	a Statutes. I further certify that the	information

Indicated on this annual report or supplied will this limit does not qualify by the exemplant stated in decided on this annual report or supplied 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, with all other like empowered.

SIGNATURE: