

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714789 (5)
1. Corporation Name
EAGLES MEMORIAL FOUNDATION, INC.



Principal Place of Business Mailing Address
MCGRIFF, THOMAS J.
4710 FOURTEENTH STREET
BRADENTON FL 34207-2003

3. Date Incorporated or Qualified **06/18/1968** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1463340		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MCGRIFF, THOMAS J.
4710 14TH ST W
BRADENTON FL 34207

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	SPEARS, SHERM	12 NAME	WEBSTER, DALE
STREET ADDRESS	937 S MULBERRY ST	13 STREET ADDRESS	3056 Country Meadows
CITY-ST-ZIP	OTTAWA KS	14 CITY-ST-ZIP	Valley City, ND
TITLE	VD ☐ DELETE	2 1 TITLE	VD ☒ Change ☐ Addition
NAME	WEBSTER, DALE E	2 2 NAME	MASON, W.E. "BILL"
STREET ADDRESS	3056 COUNTRY MEADOWS	2 3 STREET ADDRESS	912 WOODALL LANE
CITY-ST-ZIP	VALLEY CITY ND	2 4 CITY-ST-ZIP	HUNTSVILLE, AL 35816
TITLE	SD ☐ DELETE	3 1 TITLE	D ☐ Change ☒ Addition
NAME	CHERRY, VINCENT	3 2 NAME	VALENTINE, JAMES
STREET ADDRESS	5530 WEST DAKIN ST	3 3 STREET ADDRESS	3313 E PATTERSON ROAD
CITY-ST-ZIP	CHICAGO IL	3 4 CITY-ST-ZIP	BEAVERCREEK, OH 45430
TITLE	D ☒ DELETE	4 1 TITLE	D ☐ Change ☒ Addition
NAME	DI NARDO, ARCO	4 2 NAME	DOWNER, RICHARD
STREET ADDRESS	ROAD 2, BOX 434-D	4 3 STREET ADDRESS	121 S. ERIE ST. LOT 65
CITY-ST-ZIP	CHARLEROI PA	4 4 CITY-ST-ZIP	THREE RIVERS, MI 49093
TITLE	D ☐ DELETE	5 1 TITLE	
NAME	MASON, W.E. "BILL"	5 2 NAME	
STREET ADDRESS	912 WOODALL LANE	5 3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

Dale Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)