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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716070

1. Corporation Name

ABOLY FOUNDATION, INC.

Principal Place of Business

400 NORTH TAMPA ST
STE 2300
TAMPA FL 33602
US

Mailing Address

P O BOX 1531
TAMPA FL 33601
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/18/1969

4. FEI Number

23-7294195

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

9. Name and Address of Current Registered Agent

THAYER, STELLA F
400 NORTH TAMPA ST
STE 2300
TAMPA FL 33602

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

TITLE ☐ DELETE

NAME
PDT
THAYER, STELLA F
STREET ADDRESS
400 NORTH TAMPA ST, STE 2300
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
VD
FERGUSON, HOWELL F
STREET ADDRESS
310 W. COLLEGE AVENUE
CITY-ST-ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
SD
ALLEN, JUDY
STREET ADDRESS
400 NORTH TAMPA ST, STE 2300
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
S
ALLEN, JUDY
400 North Tampa St.Ste 2300
Tampa Fl

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS
BURR, NORMA GENE
442 W. Kennedy Blvd.Suite 300
Tampa, FL 33606

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS
D
BURR, CHARLES G.
442 W. Kennedy Blvd.Suite 300
Tampa, FL 33606

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Signature Required

3/8/99

(813) 273-4200

CR2E037 (11/98)