## FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMEN OF STATE Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

1996

i. Corporati		( )					
	ida flambeau foundatioi	N, INC. THE					
Principal Plac	ce of Business	Mailing Address		-	r negyn (egyd 152)) gyflir gydyll Gyfl	LOLDI GLON DION TITAL	olok dien dien jûl
506 S WOODWARD ST 20287 TALLAHASSEE FL 32304-4337		505 S WOODWARD ST 20287 TALLAHASSEE FL 32304-4337					
	Place of Business	-	P4307		3. Date Incorporated or Qualified 08/31/1972	3a. Date of L 04/2	ast Report 4/1995
21	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			59-1422351		Not Applicable
22 City & Stat	te	27 City & State	<del></del>		5. Certificate of Status Desired		.75 Additional ee Required
<b>23</b> Zip	Country	28			Election Campaign Financing     Trust Fund Contribution		0.00 May Be
24	25	Z(p	Country	У	8. This corporation has liability for in		
<del></del>	9. Name and Address of Current	29	30		Florida Statutes	Yes □ No	
			81	Name	10. Name and Address of New Re	gistered Agent	
JOHNS	ON, RICHARD E						
324 W COLLEGE ST				82 Street Address (P.O. Box Number is Not Acceptable)			
	ASSEE FL 32301-8499		83	ļ			
			84	,	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502 ar	nd 617.1508, Florida Statutes,	the above-	named cor	poration submits this statement for the curre	FL	
familiar wi	red agent, or both, in the State of Florida. ith, and accept the obligations of, Section	Such change was authorized 617.0503. Florida Statutes	by the corp	oration's b	poration submits this statement for the purp loard of directors. I hereby accept the appoil	ntment as register	ed agent. I am
SIGNATURE							i
12,	Signature, typed or printed name of registered agent and			rt signature req	oured when reinstating)	DATE	<sub></sub>
TITLE	OFFICERS AND D		13.	- · ·	ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC	TORS IN 12 e Addition
NAME	STERN, JEROME	DELETE	11 TITLE	i	President D (PD)	Chang	e 🔼 Addition 🕰
STREET ADORESS	DEPT OF ENG FSU		1.2 NAME		Neclelland, Michael	•	,  ) 22
CITY-ST-ZIP	TALLAHASSEE, FL 00000		13STREET	1	Dept. of English, FSO		ြို
TITLE	ST ST	<b>₹</b> DELETE	1.4 CITY-S		TALLAHASSEE, FL 323	04	\\ \\ \\ \\ \\ \
NAME	NUDD, DONNA M	Maccese	2 1 \ITLE		Vice-President D	Change Change	e 🔀 Addition 🔾
STREET ADDRESS	1402 S MERIDIAN RD		22 AME		Kaufenberg, Kathles 53 Addiey Hall	LA	
CITY-ST-ZIP	TALLAHASSEE FL			ADDRESS .	53 ADHLEY HAII		İ
TITLE	VD	DELETE	2 4 . FY - S 3 1 . LE	r-zip	Crawpogaville , FL 32	327	:
NAME	MORRILL, DAVID	Z occine	3 2 ME		Secretary Treasurery	Change	Addition 📑
STREET ADDRESS	567-L PISGAH CHURCH RD			ADDRESS .	TUTHER, Denice		
CITY-ST-ZIP	TALLAHASSEE FL			1 '	317 Desoro St., #2		ŀ
TITLE		DELETE	4.1 E	T-ZIP	TALLAHABSEE, FL 323		
NAME		_	4. ME		POWEAL MANAGER	Change 🗖 Change	Addition
STREET ADDRESS				ADDRESS	Gray Course		
CITY-ST-ZIP					10461 S. UALENTINE RG TRULANASSEE, PL 32	<b>.</b>	
TITLE		DELETE	5:		THULANASSEE, PL 32	Change	Addition
NAME			5.: IE				T1 Wholition
STREET ADDRESS			5 ET A	ODRESS	700001786 -04/19/9601019	5667	
CITY-ST-ZIP				- ZIP	-04/19/9601019	5007	*
TITLE		DELETE	6:		***61.25	☐ Change	Addition
NAME			6 F	-	Section 1997		OGR
STREET ADDRESS			_ == '	I			サーフ・ノー

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a certify that the information indicated on this annual report or supplemental annual revoath; that I am an officer or director of the corporation or the receiver or trustee empappears in Block 12 or Block 13 if changed, or on an attachment with an address.

es not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rue and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: GRAGORY C. COLOVOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR