FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 736231 (2)

1. Corporation Name

THE GEORGE DREW CONGER, M.D. FOUNDATION FOR ABRA HAM BALDWIN AGRICULTURAL COLLEGE, INC.

Principal Place of Business	Mailing Address
DEVELOPMENT/ALUMNI HOUSE BOX 13 - ABAC STATION TIFTON GA 31794-9693	DEVELOPMENT/ALUMNI HOUSE ABAC 13 2802 MOORE HIGHWAY TIFTON GA 31794-2601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1976
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1778411 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONGER, THOMAS
ONE OAKWOOD BOULEVARD
SUITE 250
HOLLYWOOD FL 33020

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D ☒ Change ☐ Addition
NAME	COOPER, R. BELVIN (ASST)	1.2 NAME	NICKOL, PATTI A.
STREET ADDRESS	5042 SW 87TH PLACE	1.3 STREET ADDRESS	ONE OAKWOOD BLVD, SUITE 250
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHASON, MICHAEL D.	2.2 NAME	
STREET ADDRESS	ABAC STATION	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON GA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	MERRILL, MELVIN L.	3.2 NAME	
STREET ADDRESS	ABAC 13 2802 MOORE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON GA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CONGER, THOMAS A.	4.2 NAME	
STREET ADDRESS	ONE OAKWOOD BLVD., SUITE 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOYD, HAROLD	5.2 NAME	
STREET ADDRESS	602 N. COLLEGE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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.

SIGNATURE: MELVIN L. MERRILL Melvin L. Merrill 1-31-95 912/386-3265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078848