

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 # **736231** (2)

1. Corporation Name

THE GEORGE DREW CONGER, M.D. FOUNDATION FOR ABRAHAM 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

3. Date Incorporated or Qualified
06/28/1976

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONGER, THOMAS
ONE OAKWOOD BOULEVARD
SUITE 250
HOLLYWOOD FL 33020

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 **D** ☐ DELETE
NAME **HICKOK, PATTI A**
STREET ADDRESS **ONE OAKWOOD BLVD, SUITE 250**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ DELETE
NAME **CHASON, MICHAEL D.**
STREET ADDRESS **ABAC STATION**
CITY-ST-ZIP **TIFTON GA**

TITLE **PD** ☐ DELETE
NAME **MERRILL, MELVIN L.**
STREET ADDRESS **ABAC 13 2802 MOORE HIGHWAY**
CITY-ST-ZIP **TIFTON GA**

TITLE **VD** ☐ DELETE
NAME **CONGER, THOMAS A.**
STREET ADDRESS **ONE OAKWOOD BLVD., SUITE 250**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE
NAME **LOYD, HAROLD**
STREET ADDRESS **602 N. COLLEGE AVE**
CITY-ST-ZIP **TIFTON GA**

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
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Melvin L. Merrill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 912/386-5265
Date Daytime Phone #

CR2E037 (12/95)