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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 736231

1. Corporation Name

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

Principal Place of Business
DEVELOPMENT/ALUMNI HOUSE
BOX 13 - ABAC STATION
TIFTON GA. 31794-9693

Mailing Address
DEVELOPMENT/ALUMNI HOUSE
ABAC 13 2802 MOORE HIGHWAY
TIFTON GA 31794-2601
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/28/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1778411

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

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 **R. BELVIN COOPER**
82 Street Address (P.O. Box: Number is Not Acceptable)
83 **5042 SW 87th PLACE**
84 City **MIAMI** FL 85 Zip Code **33165**

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 617.0506, Florida Statutes.

SIGNATURE **R. BELVIN COOPER** **R. Belvin Cooper** **4-25-99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **2404 N. ELK RUN**
4.3 STREET ADDRESS **FLAGSTAFF AZ**
4.4 CITY-STATE-ZIP **86004**

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

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

TITLE ☐ DELETE
NAME **I**
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **R. BELVIN COOPER**
6.3 STREET ADDRESS **5042 SW 87th PLACE**
6.4 CITY-STATE-ZIP **MIAMI FL 33165**

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: **MELVIN L. MERRILL** **4-22-99** **912/386-3265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)