

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748930 (5)**  
1. Corporation Name  
**CARL S. SWISHER FOUNDATION INC.**



Principal Place of Business <b>1301 RIVERPLACE BLVD. SUITE 2540 JACKSONVILLE FL 32207</b>	Mailing Address <b>1301 RIVERPLACE BLVD. SUITE 2540 JACKSONVILLE FL 32207-9039</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 2640</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32207</b>	<b>22</b> 2a. Mailing Address Suite, Apt. #, etc. <b>Suite 2640</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32207</b>
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<b>3.</b> Date Incorporated or Qualified <b>09/14/1979</b>	<b>3a.</b> Date of Last Report <b>02/07/1996</b>
<b>4.</b> FEI Number <b>59-0998262</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**ANDERSON, KENNETH G  
1301 RIVERPLACE BLVD  
STE 2540  
JACKSONVILLE FL 32207**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b> <b>STE 2640</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>COULTER, GEORGE S. 4652 ORTEGA BLVD. JACKSONVILLE FL</b>	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>32210</b>
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE <b>SMITH, HAROLD W. 5175 CHARLEMAGNE RD. JACKSONVILLE FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>32210</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>LINDSEY, JOHN H. 13640 MANDARIN ROAD JACKSONVILLE FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>32223</b>
TITLE <b>DVPS</b>	<input type="checkbox"/> DELETE <b>ANDERSON, KENNETH G. 2951 FRONT RD JACKSONVILLE, FL 00000</b>	4.1 TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>32257</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>CHARBONNET, CAROLINE 4418 COUNTRY CLUB ROAD JACKSONVILLE FL</b>	5.1 TITLE <b>D/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>32210</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 to this address.

SIGNATURE: *Kenneth G. Anderson* **KENNETH G. ANDERSON** 4/14/97 (99A) 200 2000

CR2E037 (9/96)