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
95 JAN 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750024 (2)

1. Corporation Name
ANN STURGEON MEMORIAL ROSE GARDEN FUND, INC.

25

Principal Place of Business	Mailing Address
13401 INDIAN ROCKS ROAD LARGO FL 34644	13401 INDIAN ROCKS ROAD LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1979
3a. Date of Last Report: 01/24/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ / Not Applicable X
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCMANUS, R. BRUCE
79 OVERBROOK BLVD.
LARGO FL 33540

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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, MARILYN	1.2 NAME	
STREET ADDRESS	777 HARBOR WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TORPEY, DOROTHEE	2.2 NAME	
STREET ADDRESS	3244 HILARY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WILEY, BEN R	3.2 NAME	
STREET ADDRESS	3911 MCKAY CREEK	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PRIDE, CHARLES H.	4.2 NAME	
STREET ADDRESS	~~1650 SHERWOOD ST~~ 1323 Nelson Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REISER, KARL	5.2 NAME	
STREET ADDRESS	2904 SHERWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43209-2276	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSATI, CARL A.	6.2 NAME	
STREET ADDRESS	2391 NURSERY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	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: Marilyn Meyers Marilyn Meyers - Treasurer 1/16/95 (813) 595-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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