

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754400** (0)
1. Corporation Name
THANKSGIVING CELEBRATION, INC.



Principal Place of Business 240 N PINE ST C/O DONALD R. STEELE ENGLEWOOD FL 34223-3930 US	Mailing Address 240 N PINE ST C/O DONALD R. STEELE ENGLEWOOD FL 34223-3930 US
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3. Date Incorporated or Qualified

09/29/1980

4. FEI Number

59-2372678

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEELE, DONALD R.
200 N PINE ST - BOX #10
ENGLEWOOD FL 34223**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, RICHARD	
STREET ADDRESS	1801 N LOSKWOOD RIDGE RD	
CITY - ST - ZIP	SARASOTA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEELE, DONALD R	
STREET ADDRESS	140 SUNTAN AVE	
CITY - ST - ZIP	SARASOTA, FL 00000	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, JOHN	
STREET ADDRESS	1200 GLORY WAY BLVD	
CITY - ST - ZIP	BRADENTON FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBIN, NANCY	
STREET ADDRESS	2400 ARDEN DR	
CITY - ST - ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Brantley	
1.3 STREET ADDRESS	1801 N LOCKWOOD RIDGE RD.	
1.4 CITY - ST - ZIP	SARASOTA FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phil Derstine	
3.3 STREET ADDRESS	1200 Glory Way Blvd.	
3.4 CITY - ST - ZIP	Bradenton FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE: Donald R. Steele Donald R. STEELE 3/27/98 941-474-7687

CR2E037 (10/97)