

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:14

DOCUMENT # 755582

(4)

1. Corporation Name

THE WINTER HAVEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

401 AVE., 8 NW
PO BOX 1420
WINTER HAVEN FL 33881

401 AVE., 8 NW
PO BOX 1420
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

12/17/1980

06/21/1994

4. FEI Number

59-2126237

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOYCE B.
401 AVE., 8 NW
WINTER HAVEN FL 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVP
NAME	DAVIS, JOYCE
STREET ADDRESS	401 AVENUE B., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	KLOPP, FRANK
STREET ADDRESS	3425 LAKE ALFRED ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	ANASTASIO, LANCE
STREET ADDRESS	200 FIRST STREET, N.
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	CRISS, CHARLES
STREET ADDRESS	672 WAKULLA DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	STRANG, CARL J. III
STREET ADDRESS	505 AVENUE A, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	P
NAME	STEWART, JOHN (DR.)
STREET ADDRESS	1103 CYPRESS PT DR SE
CITY-ST-ZIP	WINTER HAVEN FL

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
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	WINTER HAVEN FL 33881-4131
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	KOCHER, CARL
5.3 STREET ADDRESS	290 CYPRESS GARDENS ROAD
5.4 CITY-ST-ZIP	WINTER HAVEN FL 33880
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	WINTER HAVEN FL 33880

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)(b), 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:

Joyce B. Davis
JOYCE B. DAVIS, EVP

(NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/19/95

813/293-2138

(Typed Name)