

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 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 # **755582** (4)

1. Corporation Name

**THE WINTER HAVEN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**401 AVE. B. NW  
WINTER HAVEN FL 33881**

**P.O. BOX 1420  
WINTER HAVEN FL 33882-1420**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1980</b>	3a. Date of Last Report <b>12/31/1996</b>
21		26		4. FEI Number <b>59-2126237</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERNERT, JR., BOB  
401 AVENUE B, 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN (DR.), STEWART</b>	1.2 NAME	
STREET ADDRESS	<b>1103 CYPRESS POINT DR., SE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33884</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM, DOTY</b>	2.2 NAME	
STREET ADDRESS	<b>299 6TH STREET, SW.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33880-3281</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWAN, REX P</b>	3.2 NAME	
STREET ADDRESS	<b>505 AVENUE A, NW</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881-4650</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISS, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>312 NIBLICK CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SATERBO, EDITH</b>	5.2 NAME	
STREET ADDRESS	<b>2928 PLANTATION ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33884</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLDO, EDITH</b>	6.2 NAME	<b>Soldo, M.J.</b>
STREET ADDRESS	<b>82 JENNI ASHLEY COURT</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33884-3045</b>	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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000889

CR2E037 (9/96)