

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755582 (4)

1. Corporation Name

THE WINTER HAVEN FOUNDATION, INC.

Principal Place of Business

401 AVE. B. NW  
WINTER HAVEN FL 33881

Mailing Address

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

3. Date Incorporated or Qualified

12/17/1980

4. FEI Number

59-2126237

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

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 617.1503, 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 P ☐ DELETE  
NAME JOHN (DR.), STEWART  
STREET ADDRESS 1103 CYPRESS POINT DR., SE.  
CITY - ST - ZIP WINTER HAVEN FL 33884

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE T ☐ DELETE  
NAME WILLIAM, DOTY  
STREET ADDRESS 299 6TH STREET, SW.  
CITY - ST - ZIP WINTER HAVEN FL 33880-3281

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE S ☐ DELETE  
NAME COWAN, REX P  
STREET ADDRESS 505 AVENUE A, NW  
CITY - ST - ZIP WINTER HAVEN FL 33881-4650

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME CRISS, CHARLES  
STREET ADDRESS 312 NIBLICK CIRCLE  
CITY - ST - ZIP WINTER HAVEN FL 33881

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME SATERBO, EDITH  
STREET ADDRESS 2928 PLANTATION ROAD  
CITY - ST - ZIP WINTER HAVEN FL 33884

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME SOLDI, M.J.  
STREET ADDRESS 82 JENNI ASHLEY COURT  
CITY - ST - ZIP WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066810

CR2E037 (10/97)