

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **757766** (1)
1. Corporation Name
MARY RUTLEDGE MEMORIAL FOUNDATION, INC.



Principal Place of Business Mailing Address
500 WOOD ST. DUNEDIN FL 34698 **500 WOOD ST. DUNEDIN FL 34698**

3. Date Incorporated or Qualified **04/28/1981** 3a. Date of Last Report **03/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1352385	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EARNEST, WAYNE 500 WOOD ST. DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1506 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]* DATE: **3-11-96**
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when transferring.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNEST, WAYNE	1.2 NAME	EARNEST, WAYNE
STREET ADDRESS	500 WOOD ST.	1.3 STREET ADDRESS	500 WOOD ST.
CITY - ST - ZIP	DUNEDIN FL 34698	1.4 CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, MACK	2.2 NAME	GATES, GARY
STREET ADDRESS	915 VICTORIA DRIVE	2.3 STREET ADDRESS	160 CHERRY LAUREL DRIVE
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATES, GARY	3.2 NAME	EVANS, MIKE
STREET ADDRESS	160 CHERRY LAUREL DRIVE	3.3 STREET ADDRESS	706 BELTED KINGFISHER DR.
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MIKE	4.2 NAME	
STREET ADDRESS	706 BELTED KINGFISHER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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]* DATE: **3-11-96 (813) 733-3188**
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (12/95)