## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 757

1. Corporation Name

(1)

MARY RUTLEDGE MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

## FILED Apr 02 1997 8:00am Secretary of State



500 WOOD ST. DUNEDIN FL 34698		500 WOOD \$T. DUNEDIN FL 34698-7028						
					3. Date Incorporated or Qualified 04/28/1981	3a. Date of Last R 03/18/19	1eport 196	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<del></del>	oplied For		
21		26 1816 Willow Oak Dr.			59-1352385		ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	0	City & Steto Palm Harbor, FL			Election Campaign Financing     Trust Fund Contribution	Added to Fees		
Zip	Country	Ζιρ 29 34683	Coun	itry ISA		as liability for intangible tax under s. 199.032,		
24			301 0	10761	10. Name and Address of New Registered Agent			
81 Name								
EARNEST, WAYNE				82 Street Address (P.O. Box Number is Not Acceptable)				
500 WOOD ST.					Address (1.0. Dox Horribot is Not Nocopiable)			
	N FL 34698		[4	83				
<b>≴₩</b>				84 City			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 of the purpose of changing its 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 applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of changing its registered agent. I applications of the purpose of the purpose of changing its registered agent. I applications of the purpose								
agent. Tarr amiliar with, and accomplishooligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Storague typed or printed name of registered agent and title if agraticable. (NOTE: Registered Agent eightful required when renstating)  DATE  DATE								
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	Agent a griature r	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE		.E		Change	Addition &	
NAME	EARNEST, WAYNE			AE			3	
STREET ADDRESS	500 WOOD ST.		1.3 STR	EET ADDRESS			[	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CIT	Y-ST-ZIP	.,			
TITLE	SD DELETE		2.1 TITE	- 1		Change	Addition C	
NAME	GATES, GARY		2.2 NAM					
STREET ADDRESS	160 CHERRY LAUREL DR			EET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL			Y-\$1-ZIP .E		Change	Addition	
TITLE NAME	SD. GATES, GARY			ME				
STREET ADDRESS	160 CHERRY LAUREL DRIVE			EET ADDRESS			l	
CITY-ST-ZIP	PALM HARBOR FL			Y - ST - ZIP				
TITLE	T	☐ DELETE	4.1 TITU	.E	·	Change	Addition	
NAME	EVANS, MIKE		4. 2 NA	ME I				
STREET ADDRESS	706 BELTED KINFISHER DRIV	E	4.3 STR	EE1 ADDRESS	1816 Willow Oak Dr			
CITY-ST-ZIP	PALM HARBOR FL			Y-ST-ZIP	Palm Harbor, FL 34	683	1.00000	
TITLE	L.] DELETE		5.1 TITU	1		☐ Change	Addition	
NAME	,		5.2 NAN					
STREET ADDRESS				EFT ADDRESS				
CITY-ST-ZIP		DELETE	6.1 Titl	Y-ST-ZIP		Change	Addition	
TITLE NAME		Dottert	6.2 NAN			<u> </u>	_ ' '	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
VIII.91.71L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 - for the -		sted in Costion 440 07/21/i) Florida Statuto	a. I further certify that	the	

I do hereby certify that the information supplied with this filing doos not quality 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 or changed, or on an attachment with an address.