


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90039 001 ****61.25

001/01/99

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 757766

1. Corporation Name
MARY RUTLEDGE MEMORIAL FOUNDATION, INC.

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|---|--|
| Principal Place of Business 500 WOOD ST. DUNEDIN FL 34698 | Mailing Address 1816 WILLOW OAK DR. PALM HARBOR FL 34683 US |
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|--------------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 1816 WILLOW OAK DR. | 3. Date Incorporated or Qualified 04/28/1981 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1352385 |
| City & State 23 | City & State PALM HARBOR, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Zip 34683 | Country 29 USA |
| Country 25 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

EARNEST, WAYNE
500 WOOD ST.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 *Michael D. Evans* **MICHAEL D EVANS, TREASURER** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | EARNEST, WAYNE | |
| STREET ADDRESS | 500 WOOD ST. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GATES, GARY | |
| STREET ADDRESS | 160 CHERRY LAUREL DR | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GATES, GARY | |
| STREET ADDRESS | 160 CHERRY LAUREL DRIVE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | EVANS, MIKE | |
| STREET ADDRESS | 1816 WILLOW OAK DR. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Michael D. Evans* **REQUIRED** (727)784-8962

CR2E037 (1/198)