

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-15-2002 90037 049 ****61.25

DOCUMENT # 757766

1. Entity Name

MARY RUTLEDGE MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

500 WOOD ST.
 DUNEDIN FL 34698

1816 WILLOW OAK DR
 PALM HARBOR FL 34683
 US

90232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

500 Wood Street

Suite, Apt. #, etc.

City & State

City & State

Dunedin, FL 34698

4. FEI Number

59-1352385

Applied For

Not Applicable

Zip

Country

Zip

Country

34698

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARNEST, WAYNE
 500 WOOD ST.
 DUNEDIN FL 34698

Name **WILLIAM D. BLOSCH**

Street Address (P.O. Box Number is Not Acceptable)
 500 Wood Street

City Dunedin

FL

Zip Code 34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of Registered Agent and Title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William D. Blosch

2/20/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME EARNEST, WAYNE Delete
 STREET ADDRESS 500 WOOD ST.
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE President Change Addition
 NAME William D. Blosch
 STREET ADDRESS 500 Wood St. *DAB*
 CITY-ST-ZIP Dunedin, FL 34698

TITLE SD
 NAME GATES, GARY Delete
 STREET ADDRESS 160 CHERRY LAUREL DR
 CITY-ST-ZIP PALM HARBOR FL

TITLE Vice-President Change Addition
 NAME Daniel S. Giltner *TAB*
 STREET ADDRESS 2548 Wesleyan Dr.
 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE SD
 NAME GATES, GARY Delete
 STREET ADDRESS 180 CHERRY LAUREL DRIVE
 CITY-ST-ZIP PALM HARBOR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME EVANS, MIKE Delete
 STREET ADDRESS 1816 WILLOW OAK DR.
 CITY-ST-ZIP PALM HARBOR FL

TITLE Treasurer Change Addition
 NAME Doris J. Bethel
 STREET ADDRESS 2538 Bramblewood Dr. E. *TAB*
 CITY-ST-ZIP Clearwater, FL 33763

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Blosch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 William D. Blosch

(727) 733-3188

Date

Daytime Phone

CR2E037 (9/01)