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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 01 1996 8:00 am  
Secretary of State

DOCUMENT # 757879 (2)

1. Corporation Name

ECKERD COLLEGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ALAN W. BUNCH-4200 54TH AVENUE SOUTH  
P O BOX 12560  
ST. PETERSBURG FL 33733

% ALAN W. BUNCH-4200 54TH AVENUE SOUTH  
P O BOX 12560  
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified  
05/06/1981

3a. Date of Last Report  
09/22/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNCH, ALAN W.  
4200 54 AVE. SOUTH  
ST. PETERSBURG FL 33711

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

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 PD ☐ DELETE  
NAME ARMACOST, PETER H.  
STREET ADDRESS 6320 BAHAMA SHRS DR S.  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE VCD ☐ DELETE  
NAME MORRIS, ROBERT A.  
STREET ADDRESS 6220 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL

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

TITLE CD ☐ DELETE  
NAME WHITCOMB, STANLEY P.  
STREET ADDRESS 4227 EXCHANGE AVENUE  
CITY-ST-ZIP NAPLES FL

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

TITLE AT ☐ DELETE  
NAME BUNCH, ALAN W.  
STREET ADDRESS 500 GROVE AVENUE  
CITY-ST-ZIP SEFFNER FL

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

TITLE DST ☐ DELETE  
NAME CHRISTISON, JAMES A.  
STREET ADDRESS 4750 BRITTANY DR #25  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James A. Christison

2/9/96

Date

813)864-8311

Daytime Phone #

CR2E037 (12/95)