FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ST. PETERSBURG FL 33733

Suite, Apt. #. etc.

City & State

2. Principal Place of Business

BUNCH, ALAN W.

4200 54 AVE. SOUTH

ST. PETERSBURG FL 33711

P O BOX 12560

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

* ALAN W. BUNCH-4200 54TH AVENUE SOUTH

DOCUMENT # 757879

* ALAN W. BUNCH-4200 54TH AVENUE SOUTH

(2)

Mailing Address

P O BOX 12560

2a. Mailing Address

City & State

Zip

26

27

26

29

ST. PETERSBURG FL 33733

Sulte, Apt. #, etc.

ECKERD COLLEGE FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

	1 1 1 2 3 1 7 7 0 0 . 0 0 a 1 1 1
	Secretary of State
	3. Date Incorporated or Qualified
	05/06/1981 Applied For 4. FEI Number Applied For 59-2102123 Not Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \) No
	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	10. Name and Address of New Registered Agent
	lebster Hull
บี	ps 54t Rox Nymber is Net Acceptable)
	Petersburg FL 85 33711°
	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
red	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILED

Mar 25 1998 8:00am

City St. P 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with an accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE SIGNATURE me of registered agent and title if applicable (NOTE: Registered Agent signature required v 12. OFFICERS AND DIRECTORS 13. DELETE TITLE ARMACOST, PETER H. NAME 1.2 NAME 6320 BAHAMA SHRS DR S. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MORRIS, ROBERT A. NAME 2.2 NAME 6220 MIDNIGHT PASS ROAD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WHITCOMB, STANLEY P. NAME 3.2 NAME 4227 EXCHANGE AVENUE STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BUNCH, ALAN W. NAME 4.2 NAME **500 GROVE AVENUE** STREET ADDRESS 4.3 STREET ADDRESS SEFFNER FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DST DELETE 5.1 TITLE Change Addition TITLE CHRISTISON, JAMES A. NAME 5.2 NAME 4750 BRITTANY DR #25 STREET ADDRESS 5.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

81

82

83

84

Street Address

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.

SIGNATURE:

CHIRT