

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765253** (0)  
1. Corporation Name  
**JAMES GRANVILLE CUNNINGHAM FOUNDATION, INC.**



Principal Place of Business <b>1584 FOXRIDGE RUN SW STE 29 WINTER HAVEN FL 33880 US</b>	Mailing Address <b>1584 FOXRIDGE RUN SW STE 29 WINTER HAVEN FL 33880-2616 US</b>
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2. Principal Place of Business 21 <b>203 LOMA Drive</b> Suite, Apt. #, etc. 22 <b>Suite 36</b> City & State 23 <b>Winter Haven, FLA</b> Zip 24 <b>33881</b> Country 25 <b>POLK</b>	2a. Mailing Address 26 <b>203 LOMA Drive</b> Suite, Apt. #, etc. 27 <b>Suite 36</b> City & State 28 <b>Winter Haven, FLA.</b> Zip 29 <b>33881</b> Country 30 <b>POLK</b>
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3. Date Incorporated or Qualified <b>10/01/1982</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-2224336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AMATO, P R  
1584 FOXRIDGE RUN SW  
STE 29  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
81 Name **AMATO P.R.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**203 LOMA DRIVE**  
83 **Suite 36**  
84 City **Winter Haven** FL 85 Zip Code **33881**

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  **P.R. AMATO** DATE **4/7/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, THOMAS L</b>	1.2 NAME	
STREET ADDRESS	<b>2486 SCARLET OAK DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, OWEN DR</b>	2.2 NAME	
STREET ADDRESS	<b>909 LAKE JESSIE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEESTAMPER, ROBERT DR L</b>	3.2 NAME	
STREET ADDRESS	<b>207 HIGHLAND BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO IA</b>	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMATO, P R</b>	4.2 NAME	<b>AMATO, P.R.</b>
STREET ADDRESS	<b>1584 FOXRIDGE RUN SW</b>	4.3 STREET ADDRESS	<b>203 LOMA DRIVE-Suite 36</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLA 33881</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 amendment with an address.

SIGNATURE  **P.R. AMATO** DATE **4/7/97** **611-794-6991**

CR2E037 (9/96)