

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90005 001 \*\*\*\*70.00

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1. Corporation Name

UNITED CHARITABLE FOUNDATION, INC.

Principal Place of Business

6709 RIDGE ROAD  
SUITE 107  
PORT RICHEY FL 34668  
US

Mailing Address

6709 RIDGE ROAD  
SUITE 107  
PORT RICHEY FL 34668  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/28/1983

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2278767

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGEL, JERROLD  
6709 RIDGE ROAD  
PORT RICHEY FL 34668

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 617.0503 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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MORROW, SHANNON  
STREET ADDRESS 7825 GUNSHOT LN  
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME THOMAS BELLANTE  
1.3 STREET ADDRESS 14705 CROYDON PLACE  
1.4 CITY-ST-ZIP TAMPA, FL 33512

TITLE D ☒ DELETE  
NAME GAUSE, GARRETT  
STREET ADDRESS 1722 MARINER WAY  
CITY-ST-ZIP TARPON SPRINGS FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME WILLIAM RAMBAUM  
2.3 STREET ADDRESS 2295 CAROLYN, DRIVE  
2.4 CITY-ST-ZIP DUNEDIN, FL 34598

TITLE VPD ☒ DELETE  
NAME GAUSE, ROBERT  
STREET ADDRESS 424 DORIC COURT  
CITY-ST-ZIP TARPON SPRINGS FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME DAVID PARRIS  
3.3 STREET ADDRESS 8211 BRENT STREET, #825  
3.4 CITY-ST-ZIP PORT RICHEY, FL 34668-6124

TITLE DP ☒ DELETE  
NAME GAUSE, NORMA NEAL  
STREET ADDRESS 424 DORIC COURT  
CITY-ST-ZIP TARPON SPRINGS, FL 00000

4.1 TITLE DP ☐ Change ☒ Addition  
4.2 NAME JERROLD ANGEL  
4.3 STREET ADDRESS 879 PINEWOOD TERRACE WEST  
4.4 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

7/2/99

727-844-323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #