FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

THE LANDEGGER CHARITABLE FOUNDATION, INC.				
Principal Place of Business Mailing Address				- 1-04401 (0105 (1)(1) 1-0250 bitti 010(1 00)) 010(1 010) 010(1 010) 010(1 010)
219 LIVE OAK STREET 219 LIVE OAK STREET				3. Date Incorporated or Qualified
P O BOX 937 NEW SMYRNA BEACH FL 32170-3937 NEW SMYRNA BEACH FL 32170-3937 NEW SMYRNA BEACH FL 32			2170-0937	12/30/1976
US US				4. FEI Number Applied For 51-0180544 Not Applicable
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired Section Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
ו דוסמ	OUN E			
BOLT, JOHN F 219 LIVE OAK STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
NEW SMYRNA BEACH FL 32170-7937		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 agen	t and title if applicable. (NOTE; I	Registered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Li Change Li Addition
NAME	LANDEGGER, GEORGE F.		1.2 NAME	
STREET ADDRESS	4 INTERNATIONAL DR.		1,3 STREET ADDRESS	
CITY-ST-ZIP	RYE BROOK NY	DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	DT Landegger, Carl C	□ beceie	2.1 TITLE 2.2 NAME	C Orinide C Acquion
NAME STREET ADDRESS	405 LEXINGTON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2. 4 City-ST-ZiP	
TITLE	VPD	DELETE	3.1 TITLE	Change Addition
NAME	SCHWARTZ, ARTHUR L		3.2 NAME	
STREET ADDRESS	4 INTERNATIONAL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	RYE BROOK NY		3.4. CITY-ST-ZIP	
TITLE	S COUNTY	☐ DELETE	4.1 TITLE	Change Addition
NAME	BOLT, JOHN F		4. 2 NAME	
STREET ADDRESS	219 LIVE OAK STREET NEW SMYRNA BCH FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MEM SMITHING BOH PL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
AUTH ON 1810				i .

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.

FILED

Jan 20 1998 8:00am

Secretary of State