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CORPORATION ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001161 (8)**

1. Corporation Name
NATIONAL CHARITABLE DEPOSITORY, INC.

Principal Place of Business	Mailing Address
C/O FIDUCIARY ASSOCIATES, INC. 1031 W. MORSE BLVD., #100 WINTER PARK FL 32789	C/O FIDUCIARY ASSOCIATES, INC. 1031 W. MORSE BLVD., #100 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

4. FEI Number: ~~59-3216461~~ 65-0462974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, DONALD E 1031 W. MORSE BLVD., SUITE 100 WINTER PARK FL 32789	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PC	11 TITLE	PDC ☐ Change ☒ Addition
NAME	BROWN, DONALD E	12 NAME	
STREET ADDRESS	1031 W. MORSE BLVD, #100	13 STREET ADDRESS	T00001431827
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	-05/17/95--01142--010 *****61.25 *****61.25
TITLE	VTDC	21 TITLE	☐ Change ☐ Addition
NAME	BLANTON, WILLIAM J	22 NAME	
STREET ADDRESS	1916 ST. MARY'S ST.	23 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27608	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	FONTES, DONALD F	32 NAME	
STREET ADDRESS	12729 WATERMAN DR.	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27614	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DEA
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 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)(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: Donald E. Brown DONALD E BROWN 4/26/95 (407) 644-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003437