

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001161 (8)**

1. Corporation Name

NATIONAL CHARITABLE DEPOSITORY, INC.



Principal Place of Business C/O FIDUCIARY ASSOCIATES, INC. 1031 W. MORSE BLVD., #315 WINTER PARK FL 32789	Mailing Address C/O FIDUCIARY ASSOCIATES, INC. 1031 W. MORSE BLVD., #315 WINTER PARK FL 32789-3750
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3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0462974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DONALD E	1.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., #315	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	1.4 CITY - ST - ZIP	
TITLE	VTDC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLANTON, WILLIAM J	2.2 NAME	
STREET ADDRESS	1916 ST. MARY'S ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC 27608	2.4 CITY - ST - ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FONTES, DONALD F	3.2 NAME	
STREET ADDRESS	12729 WATERMAN DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC 27614	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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	
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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (467) 644-7300

CR2E037 (9/96)