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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
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., STE. 315 WINTER PARK FL 32789 US	C/O FIDUCIARY ASSOCIATES, INC. 1031 W. MORSE BLVD., STE. 315 WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: 03/08/1994

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 % FAMILY OFFICE SERVICES CORPORATION	26
22 Suite, Apt. #, etc.: 1127 EDGEWATER DRIVE	27 Suite, Apt. #, etc.: P.O. BOX 540777
23 City & State: ORLANDO, FL	28 City & State: ORLANDO, FL
24 Zip: 32804 25 Country: US	29 Zip: 32854-0777 30 Country: US

9. Name and Address of Current Registered Agent

BROWN, DONALD E
1031 W. MORSE BLVD., SUITE 100
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1127 EDGEWATER DRIVE

83

84 City: ORLANDO **FL** 85 Zip Code: 32804

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 _____ 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	PDC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, DONALD E		1.2 NAME		
STREET ADDRESS	1031 W. MORSE BLVD., ST. 315		1.3 STREET ADDRESS	1127 EDGEWATER DRIVE	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32804	
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		

CR2E037 (10/97)

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.

SIGNATURE: Donald E. Brown 4/28/98