## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

DOCUMENT # F9500003948 (5)

## CHARLES PARKER FOUNDATION, INC.

Principal Place of Business Mailing Address										
2213 HIGHLAND AVE MELBOURNE FL 32935  2213 HIGHLAND AVE MELBOURNE FL 32935										
						3. Date Incorporated or Qualified 08/14/1995	3a. Dat	e of Last	Report	
<b>—</b>	. Principal Place of Business 2a. Mailing Address					4. FEI Number	-	$\Box$	Applied For	
21	<del></del>					16-605886	<u> </u>		Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required				
	City & State City & State					6. Election Campaign Financing			O May Be	
23	28					Trust Fund Contribution			ed to Fees	
Zip 24	Country Zip Cou			y		8. This corporation has liability for I Florida Statutes	ntangible tax ] Yes [Zi		. 199.032,	
24	25   29   30   9, Name and Address of Current Registered Agent					10. Name and Address of New R				
	5. Hallo alla Placioco di Cariott	THOSE PROPERTY	81	1	Name	10, Mario and Adorses of North	Siereied L	HOLK	<del></del>	
22451	TV TD1100010									
BRADLEY, FRANCIS M				2	Street Addre	t Address (P.O. Box Number is Not Acceptable)				
1	MBERLAKE DRIVE		83	3						
WELBO	DURNE FL 32940									
l.			84	4	City			85 Zi	ip Code	
dd Dura you	it to the provisions of Sections 617.0502	and C17 1500 Florida Ctatutas	the chave			tion a basito this statement for the sur	FL			
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 squarture required when reinstating)										
12.			13.	13.		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
THILE	PCT	DELETE	1 1 TITLE					Change	[ ] Addition	
NAME	BRADLEY, FRANCIS M	_	1.2 NAME	E	ĺ		_	•	_	
STREET ADDRESS	I	1		1.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-	·ST-	- ZIP					
TITLE	SD			2.1 TITLE				Change	☐ Addition	
NAME				2.2 NAME						
STREET ADDRESS	· ·			2.3 STREET ADDRESS						
C-TY-ST-ZIP	MELBOURNE FL 32940		2. 4 CITY		- ZIP					
TITLE	WCSINDERS	DELETE	3.1 TITLE					Change	Addition	
NAME	-SANDERS, JAMES N SR			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		iddress , .					
City-St-ZiP	MELBOURNE FL 32940	MELBOURNE FL 32940 34		3.4. CITY-ST-ZIP						
THILE		□ DELETE 4.1						Change	■ Addition	
NAME	4.2		4. 2 NAM	4. 2 NAME					•	
STREET ADDRESS	s		4.3 STREE	ET AI	DDRESS					
CITY-ST-ZIP			4.4 CITY-							
TITLE				5.1 TITLE		10000174	132	Clange	☐ Addition	
NAME			5.2 NAME	Ε <sub>β</sub> .		-03/13/96010	10000174138 -03/13/9601043013			
STREET ADDRESS	5.40		5.3 STREE	5.3 STREET ADORESS 5.4 CITY-ST-ZIP		***61.2S				
CITY-ST-ZIP			_							
TITLE		□DELETE 6.1		6.1 TITLE				] Change	Addition	
NAME		6.3		6.2 NAME						
STREET ADDRESS	s	6		6.3 STREET ADDRESS						
CITY-ST-2IP	······································			6.4 CITY-ST-ZIP		······································		· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
certify th	eby certify that the information supplied what the information indicated on this annual I am an officer or director of the corposin Block 12 or Block 13 if changed, or o	ual report or supplemental annual pration or the receiver or trustee er	report is to moowered	rue	and accurate	and that my signature shall have the	same legal e	effect as I	If made under	