

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthams Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003646 (4)**

1. Corporation Name
FUND RAISERS LTD., INC.

Principal Place of Business
**601 S 44TH STREET. #6
BOISE ID 83714
US**

Mailing Address
**PO BOX 8836
BOISE ID 83707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip Country

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

82-0429557

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

9. Name and Address of Current Registered Agent

**KEAVY, JEFF
6103 JOHNS RD. SUITES 3 & 4
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

In 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. ADDRESS
P
**LOCKNER, KAREN
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2. ADDRESS
S
**LOCKNER, CHRIS
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3. ADDRESS
**LOCKNER, CHRIS
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. ADDRESS
**LOCKNER, CHRIS
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5. ADDRESS
**LOCKNER, CHRIS
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6. ADDRESS
**LOCKNER, CHRIS
601 E. 44TH ST. SUITE 5 & 6
BOISE ID 83714**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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

Date

Daytime Phone #

CR2E034 (10/97)