

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N00323 (8)

1. Corporation Name

BERT AND MARY MEYER FOUNDATION, INC.

95 MAR -9 AM 9:07

Principal Place of Business:

2913 CORRIE DRIVE
ORLANDO FL 32803

Mailing Address:

2913 CORRIE DRIVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2348082

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$88.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, MARJORIE BEKAERT
401 S. ROSALIND AVENUE, SUITE 100
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
MEYER, BARBARA C.
1100 S ORLANDO AVE #956
MAITLAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SAPP, HUBERT
44 TIFFANY STREET
SPRINGFIELD MA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VCD
GALVIN, CHRIS
650 DURHAM ROAD
GUILFORD CT

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
PERKINS, JANET
2224 MAIN ST
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
CROCKETT, PATRICIA
95 CHASE ST
HYANNIS MA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

Tirso Moreno
815 S. Park Ave.
Apopka, FL 32703

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara C Meyer Barbara C. Meyer

Feb. 15 1995 407-539-1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature