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Feb 11 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 # **N00323** (8)

1. Corporation Name

BERT AND MARY MEYER FOUNDATION, INC.

Principal Place of Business

**2913 CORRINE DRIVE
ORLANDO FL 32803**

Mailing Address

**2913 CORRINE DRIVE
ORLANDO FL 32803-2227**

*** NOTE CHANGE ***

3. Date Incorporated or Qualified **12/13/1983** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business

21 1133 Louisiana Ave

Suite, Apt. #, etc.

22 110

City & State

23 Winter Park FL

Zip **24 32789**

Country **25 USA**

2a. Mailing Address

26 1177 Louisiana Ave

Suite, Apt. #, etc.

27 110

City & State

28 Winter Park FL

Zip **29 32789**

Country **30 USA**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

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

TITLE **PTD** ☐ DELETE

NAME **MEYER, BARBARA C.**
STREET ADDRESS **1100 S ORLANDO AVE #956**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ DELETE

NAME **SAPP, HUBERT**
STREET ADDRESS **44 TIFFANY STREET**
CITY-ST-ZIP **SPRINGFIELD MA 01108**

TITLE **D** ☐ DELETE

NAME **TIRSO, MORENO**
STREET ADDRESS **815 S PARK AVENUE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE

NAME **PERKINS, JANET**
STREET ADDRESS **2224 MAIN ST**
CITY-ST-ZIP **LITTLE ROCK AR 72204**

TITLE **D** ☐ DELETE

NAME **CROCKETT, PATRICIA**
STREET ADDRESS **95 CHASE ST**
CITY-ST-ZIP **HYANNIS MA 02601**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E037 (9/96)