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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N06073 (3)**

1. Corporation Name

THE ASHINGTON-PICKETT FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~NORTH BUMBY AVENUE~~
~~SUITE 110, 550~~
~~ORLANDO FL 32803~~
~~US~~**1307 MONTCALM STREET**
ORLANDO FL 32806-7055
US3. Date Incorporated or Qualified
11/08/19843a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1307 MONTCALM ST**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 ORLANDO, FLORIDA**28**

Zip

Country

Zip

Country

24 32806**25****U.S.A.****29****30**4. FEI Number
59-2489531Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASHINGTON-PICKETT, MICHAEL D.
1307 MONTCALM STREET
ORLANDO FL 32806**B1** Name**B2** Street Address (P.O. Box Number is Not Acceptable)**B3****B4** City**FL****B5** 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **ASHINGTON-PICKETT, M.**
1307 MONTCALM STREET
CITY-ST-ZIP **ORLANDO FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **ASHINGTON-PICKETT, S.**
1307 MONTCALM STREET
CITY-ST-ZIP **ORLANDO FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KROTTNAURER, JANET**
1161 ROLLINGWOOD TRAIL
CITY-ST-ZIP **MAITLAND FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016777

CR2E037 (9/96)