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

N06273 DOCUMENT #
1. Corporation Name

(9)

ELLIS FOUNDATION, INC.													
Principal Place	of Business		Mailir	ng Address	· · · · · · · · · · · · · · · · · · ·				} 1000111401 011 00114 01116 11041 10000			IIBis BIBII FBBI	
9 HIBISCUS S	STREET		POS	POST OFFICE BOX 1879									
SUITE 1		ARPON SPRINGS FL 34688											
TARPON SPRINGS FL 34689 US				US					3. Date Incorporated or Qualified 11/21/1984		ate of Last F 02/08/19		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For				
21				26					59-2471638			lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	DC		Additional	
22]				City & State								Required	
City & State				Oity & State					Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees	
Zip		Country		(ip	Cou	intry			This corporation has liability for in	ntannible t			
24	25		29	⊢ ·				Florida Statutes			100.000,		
	9. Name	and Address of Currer	nt Registe	red Agent		Ţ			10. Name and Address of New Ro	egistered	Agent		
						81	Name						
GIBSON,	, STANLEY	G, JR.				82	Street	Addies	s (P.O. Box Number is Not Acceptabl	e)			
3191 EDGEMOOR DR							Otroc. 7	raciica	ALICOS (F.O. DON HOLINDO TO 1401 / 3000)				
PALM H	ARBOR FL	34685				83							
						84	City				85 Zip	Code	
										FL	• `		
11. Pursuant t or register familiar wit	to the provis red agent, or th. and acce	ions of Sections 617.0502 both, in the State of Flori opt the obligations of, Sec	2 and 617.1 da. Such c tion 617.05	1508, Florida Statute hange was authorize 603, Florida Statutes	es, the abo ed by the	ove-r corp	named co oration's	orporat board	ion submits this statement for the purp of directors. I hereby accept the appo	oose of ch intment as	enging its re s registered	egistered office agent. I am	
SIGNATURE		,											
SIGNATURE _	Signature, typed	or printed name of registered agen				d Ager	it signature r	equired v	vhen reinstating)	DATE			
12.	1.86	OFFICERS AN	D DIRECTO		13.			TTT	ADDITIONS/CHANGES TO OFFI				
TITLE	VPD	ALDUEUO I		X DELETE	1,1 T			VPI			K Change DECEAS	Addition	
NAME		ALPHEUS L.				IAME		1	LIS, ALPHEUS L.		DECEAS	ED	
STREET ADDRESS	1	ERSIDE DRIVE					ADDRESS	l .	RIVERSIDE DRIVE				
CITY - ST - ZIP	CD	N SPRINGS FL		DELETE			IT-ZIP	TAI	RPON SPRINGS FL		Change	Addition	
TITLE		N, STANLEY G., JR.		Process	217						onange		
NAME		DGEMOOR DR				IAME							
STREET ADDRESS		HARBOR FL					ADDRESS						
CITY-ST-ZIP TITLE	D	IANDONTE		DELÉTE	311		ST-ZIP	D			Change	Addition	
NAME		W. FRANKLIN		Пресен		IAME		1 -	LIS, W.FRANKLIN		AL 9-		
STREET ADDRESS		AMIAMI TRAIL			- 1		ADDRESS	1	WHISPERING PINE CT	,			
CITY-ST-ZIP	NAPLE				1		ST · ZIP		PLES FL	•			
TITLE	PTD	<u> </u>	-	DELETE		TILE	31.51	242.2			Change	Addition	
NAME		I, CAROL E.				NAME					-		
STREET ADDRESS		YSHORE DR			1		ADDRESS						
CITY - ST - ZIP		N SPRINGS FL					ST-ZiP	ļ					
THTLE	SD			K] DELETE		IILE		SD			Change	Addition	
NAME	TOTH,	MARY L.			521	NAME			TH, MARY L.		RETIRE	ED	
STREET ADDRESS	317 HI	GH STREET			533	STREET	T ADDRESS		7 HIGH STREET				
CITY - ST - ZIP	TARPO	n springs fl			5.4 (CITY-S	ST-ZIP	1	RPON SPRINGS FL				
TITLE				DELETE	617	TI) LE		S			Change	X Addition	
NAME					6.2	NAME		HI	MONETOS, MARY				
STREET ADDRESS					633	STREET	T ADORESS	62	5 N. LEVIS AVENUE				
CITY-SI-ZIP					6.41	OLFY - S	ST - ZIP		RPON SPRINGS FL				

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if cranged, on on an attachment with an address.

SIGNATURE: /

STANLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DECER OR DIRECTOR

STANLEY G.GIBSON, JR. 3/1/96

(813)942-1183

Daytimo Phone #

CR2E037 (12/95)