

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06273 (9)

1. Corporation Name

ELLIS FOUNDATION, INC.

Principal Place of Business

9 HIBISCUS STREET
SUITE 1
TARPON SPRINGS FL 34689
US

Mailing Address

POST OFFICE BOX 1879
TARPON SPRINGS FL 34688-1879
US3. Date Incorporated or Qualified
11/21/19843a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2471638

Applied For

Not Applicable

5. 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

GIBSON, STANLEY G, JR.
3191 EDMOOR DR
PALM HARBOR FL 34685

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 CD
NAME GIBSON, STANLEY G., JR.
STREET ADDRESS 3191 EDMOOR DR
CITY-ST-ZIP PALM HARBOR FL
☐ DELETETITLE D
NAME ELLIS, W. FRANKLIN
STREET ADDRESS 521 WHISPERING PINE COURT
CITY-ST-ZIP NAPLES FL
☒ DELETETITLE PTD
NAME MARTIN, CAROL E.
STREET ADDRESS 820 BAYSHORE DR
CITY-ST-ZIP TARPON SPRINGS FL
☐ DELETETITLE S
NAME HIMONETOS, MARY
STREET ADDRESS 625 N LEVIS AVENUE
CITY-ST-ZIP TARPON SPRINGS FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gibson, Stanley G., Jr.
1.3 STREET ADDRESS 3191 Edgemoor Dr.
1.4 CITY-ST-ZIP Palm Harbor, FL 34685
☒ Change ☐ Addition2.1 TITLE D
2.2 NAME Martin, Paul W.
2.3 STREET ADDRESS 518 Riverside Dr.
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☐ Change ☒ Addition3.1 TITLE CTD
3.2 NAME Martin, Carol E.
3.3 STREET ADDRESS 518 Riverside Dr.
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 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 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

Stanley G. Gibson, Jr. 3/6/97 (813) 942-1183

Date

Daytime Phone # 8066922

CP2E037 (9/96)