

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US		3. Date Incorporated or Qualified 11/21/1984	
				4. FEI Number 59-2471638	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GIBSON, STANLEY G, JR. 3191 EDGEMOOR DR PALM HARBOR FL 34685				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, STANLEY G JR.	1.2 NAME	
STREET ADDRESS	3191 EDGEMOOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PAUL W	2.2 NAME	
STREET ADDRESS	518 RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	CTD <input type="checkbox"/> DELETE	3.1 TITLE	Chairman/Director CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CAROL E	3.2 NAME	Martin, Carol E.
STREET ADDRESS	518 RIVERSIDE DRIVE	3.3 STREET ADDRESS	518 Riverside Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIMONETOS, MARY	4.2 NAME	Himonetos, Mary
STREET ADDRESS	625 N LEVIS AVENUE	4.3 STREET ADDRESS	625 N. Levis Ave.
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



Stanley G. Gibson, Jr.

1/15/98

(813)942-1183

CR2E037 (10/97)