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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	1000	DIVISION O	F CORPORATIONS			
DOCUI 1. Corporation	MENT #	N06626	(8)				
THE CO	olen foun	IDATION, INC					
Principal Place	e of Business		Mailing Address			# 11010 #311 O(#11 04010 B1011	ULDIT EFDIL DIQIL 1001
%SIDNEY COLEN %SIDNEY COLEN 8700 SW 99 STREET 8700 SW 99 STREET OCALA FL 32676-4547 OCALA FL 32676-4547							
					3. Date Incorporated or Quali 12/13/1984		Last Report 7/1995
t. Principal Pla	lace of Business		2a. Mailing Address 26		4. FEI Number 59-2474711		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire	(1) f	3.75 Additional
City & State	e		City & State		6. Election Campaign Financi	na \$	Fee Required 5.00 May Be
]	т		28		Trust Fund Contribution	~ [] ~	Added to Fees
Zip	25	Country	Zip	Country 30	This corporation has liabilit Florida Statutes	y for intangible tax und Yes X No	ler s. 199.032,
		d Address of Current I		1271	10. Name and Address of N		t
				81 Name	1		
COLEN, SIDNEY				82 Street	Address (P.O. Box Number is Not Acc	eptable)	
	V 99 STREET			83			
OCALA F	FL 32674		_				
				84 City		FL 85	Zip Code
4 0							1
 Pursuant (to the provisions	of Sections 617.0502 a	e Statu	tes, the above-named o	corporation submits this statement for the	e purpose of changing	j its registerea omice
or register familiar wit	to the provisions red agent, or bot ith, and accept th	of Sections 617.0502 a h, in the State of Figure he obligations of Section	dange vas authori Loso3 lorida Statute	tes, the above-named of zed by the corporation's s.	corporation submits this statement for the s board of directors. I hereby accept the	e purpose of changing appointment as regisi	ints registered office tered agent. I am
or register familiar wit - IGNATURE	to the provisions red agent, or bot ith, and accept the Signature area or a	of Sections 617.0509 th, in the State of February ne obligations of Section	Ke_	tes, the above-named of good by the corporation's s.		e purpose of changing appointment as regis	its registered office tered agent. I am
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or register familiar wit IGNATURE _ 2.	red agent, or bot ith, and accept the Signature and part	th, in the State of Francisco of State	d title if applicable (N	OTE: Registered Agent signature	required when reinstating)	DATE	CTORS IN 12
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