SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE MAY 1, 1995 IS $100.00. IF NOT PAID, ADDITIONAL AMOUNT DUE IS $400.00.

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:08

DOCUMENT # N08484 (0)

1. Corporation Name

UPLEDGER FOUNDATION, INC.

Principal Place of Business	Mailing Address
11211 PROSPERITY FARMS RD D-325 PALM BEACH GARDENS FL 33410 US	11211 PROSPERITY FARMS ROAD D-325 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1985
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2551433 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SO.
SUITE 600
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	UPLEDGER, JOHN	12 NAME	
STREET ADDRESS	11211 PROSPERITY FRMS RD	13 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ST. JOHN, DAVID	22 NAME	
STREET ADDRESS	500 AUSTRALIAN AVE. S.	23 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TRIDER, SUSAN	32 NAME	
STREET ADDRESS	11211 PROSPERITY FARMS RD.	33 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BREMAN, JOSEPH	42 NAME	
STREET ADDRESS	5590A N. OCEAN BLVD	43 STREET ADDRESS	
CITY ST ZIP	OCEAN RIDGE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TEACHMAN, MARY J	52 NAME	
STREET ADDRESS	1008 OCEAN DRIVE	53 STREET ADDRESS	
CITY ST ZIP	JUNO BEACH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SABLE, WILLIAM	62 NAME	
STREET ADDRESS	11211 PROSPERITY FARMS RD	63 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	64 CITY ST ZIP	

CR2E037 (3/95)

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)(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: _____ 6/6/95 (407) 622-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010048