

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10421 (8)

1. Corporation Name

HOWARD W. LONG FOUNDATION, INC.



Principal Place of Business

Mailing Address

124 COCONUT ROW
PALM BEACH FL 33480-4115
US

PO BOX 6688 NA
WHEELING WV 26003
US

3. Date Incorporated or Qualified
07/24/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 203 South Lake Trail

26

4. FEI Number
59-2555597

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State
Palm Beach, FL

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
33480 USA

29 Zip Country
30

8. 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

LONG, HOWARD W
2120 HARBOURSIDE DRIVE, #654
LONGBOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
203 South Lake Trail

83

84 City Palm Beach FL 85 Zip Code
33480

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 PDV
NAME LONG, HOWARD W
STREET ADDRESS 124 COCONUT ROW
CITY - ST - ZIP PALM BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME Long, Howard W.
1.3 STREET ADDRESS 203 South Lake Trail
1.4 CITY - ST - ZIP Palm Beach, FL 33480 ☒ Change ☐ Addition

TITLE PD
NAME NELSON, ROBERT B.
STREET ADDRESS 124 COCONUT ROW
CITY - ST - ZIP PALM BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME Nelson, Robert B.
2.3 STREET ADDRESS 203 South Lake Trail
2.4 CITY - ST - ZIP Palm Beach, FL 33480 ☒ Change ☐ Addition

TITLE VD
NAME LONG, HOWARD D
STREET ADDRESS 124 COCONUT ROW
CITY - ST - ZIP PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME Long, Howard D
3.3 STREET ADDRESS 203 South Lake Trail
3.4 CITY - ST - ZIP Palm Beach, FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 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 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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

Date

(304) 232-3277

Daytime Phone #

CS 7/10/96

CR2E037 (3/96)