CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12757 (3)

1. Corporation Name
BILL NELSON FOUNDATION, INC.

Principal Place of Business	Mailing Address
1499 S HARBOR CITY BLVD SUITE 309 MELBOURNE FL 32901	1499 S HARBOR CITY BLVD SUITE 309 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1985
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2644085 ☐ 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 ☒ $68.75 Supplemental Fee Not Required
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

NORMILE, HUBERT C., JR.
1499 S. HARBOR CITY BLVD.
SUITE 303
MELBOURNE FL 32901

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

X SIGNATURE _____ 4/13/95
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	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	NELSON, BILL	1.2 NAME	Nelson, Bill	
STREET ADDRESS	780 S. APOLLO BLVD	1.3 STREET ADDRESS	1499 S. Harbor City Blvd., Ste.303	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	NELSON, GRACE C.	2.2 NAME	Nelson, Grace C.	
STREET ADDRESS	780 S. APOLLO BLVD	2.3 STREET ADDRESS	1499 S. Harbor City Blvd., Ste.303	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	STD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	NORMILE, HUBERT C., JR.	3.2 NAME	Normile, Hubert C., Jr.	
STREET ADDRESS	780 S. APOLLO BLVD	3.3 STREET ADDRESS	1499 S.Harbor City Blvd., Ste.303	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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.

X SIGNATURE: _____ 4/13/95 407-951-1776
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #
Hubert C. Normile, Jr. Sec/Treas./Director

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