# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13753 (1)

1 Corporate Name

THE GORRIE FOUNDATION, A FLORIDA NOT FOR PROFIT CORPORATION

Principal Place of Business

C/O LOUISE HARRES
705 DELEON ST., GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606

Mailing Address

C/O LOUISE HARRES
705 DELEON ST GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1986
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2852349 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 C/O SUSAN FOSTER
22 Suite Apt # etc
23 City & State
24 Zip 25 County

2a. Mailing Address
26 C/O SUSAN FOSTER
27 Suite Apt # etc
28 City & State
29 Zip 30 County

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 was solely for insurance tax under § 199.052 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRES, LOUISE
705 DELEON STREET
GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606

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 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 607.0505 Florida Statutes.

SIGNATURE (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new agent must sign) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|
| TITLE | SD | 71 TITLE | | ☐ Change ☐ Addition |
| NAME | OKUN, ALISON | 72 NAME | | |
| STREET ADDRESS | 820 S ORLEANS AVE | 73 STREET ADDRESS | | |
| CITY ST ZIP | TAMPA FL | 74 CITY ST ZIP | | |
| TITLE | VD | 71 TITLE | VD | ☒ Change ☐ Addition |
| NAME | HARRES, LOUISE N. | 72 NAME | SUSAN FOSTER | |
| STREET ADDRESS | 705 DELEON STREET | 73 STREET ADDRESS | 705 DELEON ST | |
| CITY ST ZIP | TAMPA FL | 74 CITY ST ZIP | TAMPA FL | |
| TITLE | D | 71 TITLE | | ☐ Change ☐ Addition |
| NAME | LEVANT, RUTH | 72 NAME | | |
| STREET ADDRESS | 95 LADOGA AVE | 73 STREET ADDRESS | | |
| CITY ST ZIP | TAMPA FL | 74 CITY ST ZIP | | |
| TITLE | CD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | PALORI, KAREN | 42 NAME | | |
| STREET ADDRESS | 58 LADOGA AVE | 43 STREET ADDRESS | | |
| CITY ST ZIP | TAMPA FL | 44 CITY ST ZIP | | |
| TITLE | PD | 51 TITLE | PRES | ☒ Change ☐ Addition |
| NAME | BLANK, NELSON | 52 NAME | MARTHA WATSON | |
| STREET ADDRESS | 134 BOSPHORUS AVE | 53 STREET ADDRESS | 705 DELEON ST | |
| CITY ST ZIP | TAMPA FL | 54 CITY ST ZIP | TAMPA, FL | |
| TITLE | T | 61 TITLE | T | ☒ Change ☐ Addition |
| NAME | BROOKS, PAULA | 62 NAME | ALAN CONLEY | |
| STREET ADDRESS | 553 LUCERNE AVE. | 63 STREET ADDRESS | 705 DELEON ST | |
| CITY ST ZIP | TAMPA FL | 64 CITY ST ZIP | TAMPA, FL | |

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:** Alan Conley 5-1-95 813-276-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0053610