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Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13753 (1)

1. Corporation Name

THE GORRIE FOUNDATION, A FLORIDA NOT FOR PROFIT CORPORATION



Principal Place of Business	Mailing Address
C/O FOSTER, SUSAN 705 DELEON ST., GORRIE ELEMENTARY SCHOOL TAMPA FL 33606 US	C/O FOSTER, SUSAN 705 DELEON ST., GORRIE ELEMENTARY SCHOOL TAMPA FL 33606-2734 US

3. Date Incorporated or Qualified 03/07/1986	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2852349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	OKUN, ALISON
STREET ADDRESS	820 S ORLEANS AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FOSTER, SUSAN
STREET ADDRESS	705 DELEON STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVANT, RUTH
STREET ADDRESS	95 LADOGA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	PALORI, KAREN
STREET ADDRESS	58 LADOGA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WATSON, MARTHA
STREET ADDRESS	705 DELEON ST
CITY-ST-ZIP	TAMPA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CONLEY, ALAN
STREET ADDRESS	705 DELEON ST
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAYTON CATHAN, President
3.3 STREET ADDRESS	Rome Ave
3.4 CITY-ST-ZIP	Tampa, FL 33606
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kim Munch
4.3 STREET ADDRESS	631 Riveria Dr
4.4 CITY-ST-ZIP	Tampa FL 33606
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL P. MESSING, President
6.3 STREET ADDRESS	412 1/2 ERIC AVE
6.4 CITY-ST-ZIP	TAMPA, FL 33606

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)