

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N15254 (8)

1. Corporation Name

MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602 US

3. Date Incorporated or Qualified 06/02/1986 3a. Date of Last Report 07/21/1994

4. FEI Number 59-2719588 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 25 29 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
FELDMEIER, LUCILLE, A
2424 HWY 301 N
ELLENTON FL 34222

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 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 registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	FELDMEIER, LUANN
STREET ADDRESS	1800 SECOND STREET, SUITE 700
CITY-ST-ZIP	ELLENTON FL
TITLE	TD
NAME	FULTON, SCOTT
STREET ADDRESS	C/O KERKERING & BARBERIO 1858 RINGLING BLV
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	HERCE, ROBERT
STREET ADDRESS	3302 CYPRESS AVE., SUITE 102
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	LAWRENCE, NANCY
STREET ADDRESS	1833 57TH STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	MANGRUM, B.J.
STREET ADDRESS	1800 SECOND STREET, SUITE 101
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	PRICE, SUSAN
STREET ADDRESS	13505 GALENA PLACE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Fulton, Scott
2.4 CITY-ST-ZIP	1800 Second St, Suite 700 Sarasota, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	Herce, Robert
3.4 CITY-ST-ZIP	3302 Cypress Ave, Suite 102 Tampa, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	John Bottomley
4.4 CITY-ST-ZIP	15809 Bridgewater Lane Tampa, FL
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	Director
6.3 STREET ADDRESS	Oan Walbolt
6.4 CITY-ST-ZIP	6128 Kipps, Colony Drive west Gulfport, 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 110.07(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: J. Scott Fulton J. Scott Fulton Date: 6/28/95 (941) 365-4200

CR2E037 (3/95)