

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15254 (8)**

1. Corporation Name

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



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

3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 07/07/1995
--	--

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number 59-2719588	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FELDMER, LUCILLE, A
2424 HWY 301 N
ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81 Name	Robert Herce, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	3302 Cypress Oakford Sq. Attorney at Law
83 City	Tampa
84 State	FL
85 Zip	33607

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 **Robert Herce, Esq.** DATE **3-11-96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELDMER, LUANN	
STREET ADDRESS	1800 SECOND STREET, SUITE 700	
CITY-ST-ZIP	ELLENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FULTON, SCOTT	
STREET ADDRESS	1800 SECOND ST, SUITE 780	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOTTOMLEY, JOHN	
STREET ADDRESS	15809 BRIDGEWATER LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MANGRUM, B.J.	
STREET ADDRESS	1800, SECOND STREET, SUITE 101	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALBOLT, DAN	
STREET ADDRESS	6128 KIPPS, COLONY DRIVE WEST	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Santana, Charles	
1.3 STREET ADDRESS	500 N. Westshore Blvd., Ste. 805	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herce, Robert	
2.3 STREET ADDRESS	3302 Cypress St.	
2.4 CITY-ST-ZIP	Tampa, FL 33607	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bottomley, John	
3.3 STREET ADDRESS	25809 Bridgewater Lane	
3.4 CITY-ST-ZIP	Tampa, FL 33624	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME	\$61.25	
6.3 STREET ADDRESS	\$ Dep by Bank	
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)(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: **Robert A. Herce** DATE: **3/11/96** (813) 877-3715
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
 CS 4/9/96

CR2E037 (12/95)