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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16659

(7)

COMMERCE NATIONAL FOUNDATION, INC.

Principal Place of Business			Mailing Address				\neg					
1201 S. ORLANDO AVENUE P.O.BOX 8181 WINTER PARK FL 32790-8181			1201 S. ORLANDO AVENUE P.O.BOX 8181 WINTER PARK FL 32790-8181				-					
								3.	Date Incorporated or Q 09/05/1986	tualified	3a. Date of Last 03/26/19	
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number 59-2708288			Applied For	
Suite, Apt. #, etc.			Suite, Apt. #. etc.				38-5100500			Not Applicable		
22			27				5.	Certificate of Status De	sired	Fee Required		
City & State			City & State			I	Election Campaign Fina Trust Fund Contribution	~ .	9 \$5.00 May Be Added to Fees			
Zip 24	Country 25		Zip Cc		Country		8.	This corporation has lia Florida Statutes	poration has liability for intangible		tax under s. 199.032,	
· · · · · · · · · · · · · · · · · · ·		and Address of Curren		ed Agent				10.	Name and Address of			
						81	Name	,			 	
COLADO, GUY D. 1201 S. ORLANDO AVENUE						82	Street	Address (P	P.O. Box Number is Not	Acceptable	1)	
WINTER PARK FL 32789						83					7	
						84	City				85 Zip	Code
11. Pursuant	to the provisi	lons of Sections 617.050	2 and 617.1	1508, Florida Stal	itutes, the	e above	-named	d corporation	n submits this statement	I for the pur	roose of changing	its registered
office or r	egistered ag im familiar wi	ions of Sections 617.050 ent, or both, in the State th, and accept the obliga	of Florida. Sations of, Se	Such change was action 617,0503,	is author Florida f	rized by Statutes	the corp	poration's b	oard of directors. I here	by accept I	the appointment a	s registered
SIGNATURE					•							
	Signature, typed	or printed name of registered age					nt signature	e required when			DATE	
12. TITLE	<u> </u>	OFFICERS ANI	D DIRECTO	ors Delete		13.			ADDITIONS/CHANGES 1	O OFFICE		
NAME	D BARKER, DONALD J.				1.1 T(TLE					☐ Change	Addition	
STREET ADDRESS						1.2 NAME						
CITY-ST-ZIP	11515555 51517 51				1.3 STREET ADDRESS 1.4 CITY - ST - ZIP							
TITLE	PD	FANA FL		DELETE		1.4 CITY-SI 2.1 TITLE	r- ZIP	 			Change	Addition
NAME	· . -	י שוא זי				2.2 NAME					Med Change	L AUUIIUII
STREET ADDRESS	COLADO, GUY D. ESS PO BOX 8181		1		2.3 STREET ADDRESS		193	1936 FAWSETT RD. NINTER PARK, FL 32789				
CITY-ST-ZIP	1151 1555 5 1 5 1 5 1					2.4 CITY-ST-ZIP		11/10	TO PARK	00	22789	
TITLE	D	INNIE	·	DELETE		. 4 CHY-S	1-28	VVIIV	IER IARK	, , , , ,	Change	Addition
NAME	-	IRO, ALAN M		_		J.2 NAME						
STREET ADDRESS					I -	.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLAND					1.4. CITY-S						!
TITLE	<u> </u>	<u> </u>		DELETE		I.1 TITLE	1-211	 			Change	Addition
NAME						. 2 NAME	ļ					— · · · · · · ·
STREET ADDRESS	W DRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP	<i>الإس</i> ا					4 CITY-ST	ı					
TITLE				DELETE		1 TITLE	- Lon	 			Change	Addition
NAME					5	2 NAME						_
STREET ADDRESS					1	3 STREET A	ADDRESS					
CITY-ST-ZIP						.4 CITY-ST	Į.					
TITLE				DELETE		1 TITLE				+	Change	Addition
NAME					6.	2 NAME						_
STREET ADDRESS					6.	.3 STREET	address					

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 trystage 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 en an attachment with an address.

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FILED

Jun 09 1997 8:00am

Secretary of State