## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N17480** 

(7)

## FILED Feb 04 1998 8:00am Secretary of State

JESSE T. CROWDER JR. FOUNDATION, INC.				
Principal Plac	e of Business	Mailing Address		
C/O JESSE T. CROWDER JR. 2602 NELA AVENUE ORLANDO FL 32809		C/O JESSE T. CROWDER, J 2602 NELA AVENUE ORLANDO FL 32809	R.	3. Date Incorporated or Qualified  10/23/1986  4. FEI Number   Applied For   59-2728251   Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		Yes 🔀 No
Zlp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	int negistered Agent	81 Name	10. Name and Address of New Registered Agent
CDOMD	TD IECCET ID			
CROWDER, JESSE T., JR. 2602 NELA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
ORLANDO FL 32809		83		
Oncare	70 1 2 02003		04 00	les Tr. CI-
			84 City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508, Florida Statutes e of Florida. Such change was au gations of, Section 617.0503, Flor	<ul> <li>the above-named corp- ithorized by the corporation</li> <li>da Statutes.</li> </ul>	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ap		Registered Agent signature require	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT FECCE T ID	☐ DELETE	1.3 TITLE	LI Change LI Addition
NAME	CROWDER, JESSE T., JR.		1.2 NAME	
STREET ADDRESS	2602 NELA AVENUE ORLANDO FL		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	PTD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	CROWDER, GRACE E.		2.2 NAME	Ondings nation
STREET ADDRESS	2602 NELA AVENUE		2.3 STREET ADDRESS	
City-St-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	
TITLE	PTD	DELETE	3.1 TITLE	Change Addition
NAME	BOTT, CAROLYN E.		3.2 NAME	
STREET ADDRESS	2605 NELA AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL		3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE				
NAME		DELETE	5.1 TITLE	Change Addition
		DELETE		Change Addition
STREET ADDRESS		DELETE	5.1 TITLE	L Change L Addition :
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	

I 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 eath; 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

IGNATURE: Que (1600) 16B FC/ FSSEV. [CROW DER O/R 1-26-98 467-851-1123

CR2E037 (10/9)