

# 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 # **N18530** (8)

1. Corporation Name

**TALPALAR FAMILY FOUNDATION, INC.**

Principal Place of Business

**2229 SMULLIAN TR  
JACKSONVILLE FL 32216  
US**

Mailing Address

**% MICHAEL N. SCHNEIDER  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216**



3. Date Incorporated or Qualified  
**12/30/1986**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
**59-2758034**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PDS  
TALPALAR, BEN**  
STREET ADDRESS **2229 SMULLIAN TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VD  
TALPALAR, MARK**  
STREET ADDRESS **2229 SMULLIAN TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D  
TALPALAR, JOAN G.**  
STREET ADDRESS **2229 SMULLIAN TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T  
TALPALAR, BEN**  
STREET ADDRESS **2229 SMULLIAN TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600001810736  
-05/07/96--01028--001**

**\*\*\*61.25**

☐ Change ☐ Addition

☐ Change ☐ Addition

*5/1/96 all*

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ben Talpalar*

*2/29/96*

*904/7314177*

Date

Daytime Phone #

CR2E037 (12/95)