FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

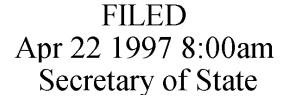
Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

N19430

(0)

THE GEORGE H. AND MILDRED B. PANUSKA FOUNDATION, INC.





,,,,,,,									
Principal Place of Business Mailing Address									
2500 E. LAS OL FT. LAUDERDAL		2500 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301-1508							
						3. Date incorporated or Qualified 02/26/1987	3a. Date of Last 04/02/19		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				65-0042134	Not Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 '	Additional Required	
City & State		City & State							
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip, Country		Zip Country				8. This corporation has liability for in			
24	25 29 30			_		Florida Statutes Yes No			
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
• "				81	Name			•	
PANUSK	A, GEORGE H.		82 Street Ado			Idress (P.O. Box Number is Not Acceptable)			
2500 E. I	LAS OLAS BLVD.								
FT. LAUC	DERDALE FL 33301	83					`		
				84	City		FL 85 Zip	p 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 profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.		a digitalista (adoni	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAMI		<u> </u>		☐ Change		
NAME	PANUSKA, MILDRED B.					•• 4			
STREET ADDRESS	2500 E. LAS OLAS BLVD.		1.3 STREE		ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY -		T-ZIP				
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	ROUSE, RAYMOND H.		2.2 NAME 2.3 STREE				•		
STREET ADDRESS	1112 HAWKSTONE DRIVE				ADDRESS				
CITY-ST-ZIP	CINCINNATI OH			2.4 CITY-ST-ZIP					
TITLE				3.1 TITLE 1			☐ Change	Addition	
NAME	TOTAL TREATMENT OF			3.2 NAME					
STREET ADDRESS	1000 11(1211 11012			3.3 STREET ADORESS 3.4 CITY-ST-ZIP			_		
CITY-ST-ZIP TITLE			3.4. C	***	ST-ZIP		Change	Addition	
NAME	BROWN, BART A., JR.	feed property					Emil Statigo		
STREET ADDRESS	1601 NORTH 7TH STREET		4351	PANE.	ADDRESS 14	C HIGHLAND AVE.			
CITY-ST-ZIP	PHOENIX AR		4.4 CI		7.7ID	T. THOMAS, KY			
TITLE	1 TOBIAN TAIL	DELETE	5.1 TI		· • · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME			5.2 N/	ME			•		
STREET ADDRESS					ADDRESS	and the second second			
CITY - ST - ZIP			5.4 GITY -:		1	10000215	3 <i>4</i>		
TITLE		☐ DELETE	6.1 Ti			-04/23/9701061	Chance	☐ Addition	
NAME			6.2 N/	ME		***61.2S	UTE (3,00	
STREET ADDRESS			6.3 \$1	REET	ADDRESS	The second second	_ ()	17/So	
CITY-ST-ZIP					T-21P			1/7	
14. I do hereb	by certify that the information supplied	d with this filing does not qualif	y for the	exe	mption stated	in Section 119.07(3)(i), Florida Statutes	. I further certify the	at the	

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.