

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

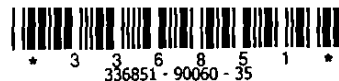
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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90060 035 ****61.25

DOCUMENT # N19430

1. Corporation Name

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



Principal Place of Business

2500 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

2500 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/26/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0042134

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANUSKA, GEORGE H.
2500 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PANUSKA, MILDRED B.
STREET ADDRESS 2500 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROUSE, RAYMOND H.
STREET ADDRESS 1112 HAWKSTONE DRIVE
CITY-ST-ZIP CINCINNATI OH

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ROUSE, RAYMOND H.
2.3 STREET ADDRESS 1648 ARCADE HILL ROAD
2.4 CITY-ST-ZIP CINCINNATI, OHIO

TITLE D ☐ DELETE
NAME RACK, WILMA B.
STREET ADDRESS 4050 RIVER ROAD
CITY-ST-ZIP CINCINNATI OH

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME RACK, WILMA B.
3.3 STREET ADDRESS 1332 PENNSBURG DRIVE
3.4 CITY-ST-ZIP CINCINNATI OHIO

TITLE D ☐ DELETE
NAME BROWN, BART A., JR.
STREET ADDRESS 140 HIGHLAND AVE.
CITY-ST-ZIP FT. THOMAS KY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

3/19/99

315 451 8106