

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90184 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N20536

1. Corporation Name  
**THE RAYMOND H. CENTER AND MILDRED H. CENTER FOUNDATION, INC.**

Principal Place of Business  
 220 SARASOTA RD.  
 BELLEAIR FL 34616

Mailing Address  
 220 SARASOTA RD.  
 BELLEAIR FL 34616

403562 - 90184 - 23



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2847124
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CENTER, JAMES H 2374 WIND GAP PLACE CLEARWATER FL 33765	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 4404 Live Oak Blvd.
	83
	84 City Palm Harbor FL 85 Zip Code 34685

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, MILDRED H.	1.2 NAME	
STREET ADDRESS	220 SARASOTA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	1.4 CITY-ST-ZIP	33756
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, JAMES H.	2.2 NAME	
STREET ADDRESS	2374 WINDGAP PLACE	2.3 STREET ADDRESS	4404 Live Oak Blvd
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	SDT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, JERRY H.	3.2 NAME	
STREET ADDRESS	220 SARASOT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34615	3.4 CITY-ST-ZIP	33756
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEF, FRANK J., III	4.2 NAME	
STREET ADDRESS	100 N. TAMPA ST., STE. 2900	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SUSAN F. CENTER
STREET ADDRESS		5.3 STREET ADDRESS	220 SARASOTA Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BELLEAIR, FL. 33756
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jerry H. Center SDT 4-20-99 DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (11/98)