

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1995.
AMOUNT DUE ON OR BEFORE 8/7/95: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22641 (7)			
1. Corporation Name THOMAS W. FORREST FOUNDATION, INC.			
Principal Place of Business 1301 SIXTH AVE.W. #600 BRADENTON, FL 34205		Mailing Address 1301 SIXTH AVE.W. #600 BRADENTON, FL 34205	
2. Principal Place of Business 21		3a. Date of Last Report 04/30/96	
2a. Mailing Address 28		3. Date Incorporated or Qualified 09/23/1987	
Suite, Apt. #, etc. 22		4. FEI Number 65-0039416	
City & State 23		Applied For Not Applicable	
ZIP 24		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
Country 30			
8. Name and Address of Current Registered Agent SHOEMAKE, JACK L. 604 51ST ST NW BRADENTON, FL 34209		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	
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 NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, ROBERT REECE 5102 38TH AVENUE WEST BRADENTON, FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOEMAKE, JACK L. 604 51ST STREET NW BRADENTON, FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, F. VIRGIL 322 SALLY LEE DRIVE ELLENTON, FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition MILLS, F. VIRGIL 708 CAMELLIA AVENUE ELLENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, JACQUELYN R. 5102 38TH AVENUE WEST BRADENTON, FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, DORIS A. 1695 17TH STREET WEST PALMETTO, FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition FORREST, DORIS A. 1503 10TH AVENUE WEST PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 40000218771465 -05/22/97--01021--019 5/13/97 ***61.25
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(c), 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: <i>Jack L. Shoemaker</i> JACK L. SHOEMAKE		Date 4-29-97 Daytime Phone # 941-747-4485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (3/96)