
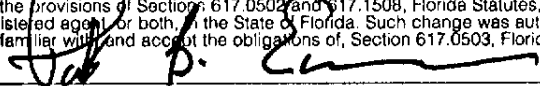
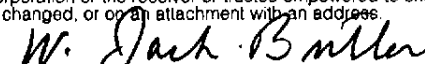


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 28 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 # <b>N26668</b> (6) 1. Corporation Name <b>THE BUTLER FOUNDATION</b>			
Principal Place of Business		Mailing Address	
<b>825 BAYSHORE DR. 1301 PENSACOLA, FL. 32507</b>		<b>825 BAYSHORE DR. 1301 PENSACOLA, FL. 32507</b>	
2. Principal Place of Business		2a. Mailing Address	
21	<b>550 PARK AV.</b>	26	<b>550 PARK AVE.</b>
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22	<b>10W</b>	27	<b>10W</b>
City & State		City & State	
23	<b>NEW YORK, NY</b>	28	<b>NEW YORK, N.Y.</b>
Zip		Zip	
24	<b>10021</b>	29	<b>10021</b>
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BUTLER, W. JACK 825 BAYSHORE DR PENSACOLA, FL. 32507</b>		<b>MR. PATRICK G. EMMANUEL EMMANUEL, SHEPPARD + CONDON 30 SOUTH SPRING ST. PENSACOLA FL 32596</b>	
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	
		<b>July 20, 1997</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BUTLER W. JACK</b>	12 NAME	<b>550 PARK AVE 10W</b>
STREET ADDRESS	<b>825 BAYSHORE DR.</b>	13 STREET ADDRESS	<b>NEW YORK, N.Y. 10021</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>B BUTLER, PATRICIA F.</b>	22 NAME	<b>550 PARK AVE. 10W</b>
STREET ADDRESS	<b>825 BAYSHORE DR.</b>	23 STREET ADDRESS	<b>NEW YORK, N.Y. 10021</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>B BUTLER, PETER F.</b>	32 NAME	
STREET ADDRESS	<b>825 BAYSHORE DR.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BUTLER, CHRISTOPHER</b>	42 NAME	
STREET ADDRESS	<b>550 PARK AVE 10W</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, N.Y. 10021</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>700002254957</b>
STREET ADDRESS		63 STREET ADDRESS	<b>-08/01/97--01056--010</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>***61.25</b>
14. I do 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.			
SIGNATURE:		DATE	
		<b>6/14/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
<b>W. JACK BUTLER</b>			

CR2E037 (9/96)