

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27526** (5)  
1. Corporation Name  
**THE JOHN R. & MATILDE F. LINDERS FOUNDATION, INC**

Principal Place of Business <b>3601 SOMERVILLE DR SARASOTA FL 34232 US</b>	Mailing Address <b>3601 SOMERVILLE DR. SARASOTA FL 34232 US</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/20/1988</b>	4. FEI Number <b>65-0136032</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEITL, WAYNE F.  
240 N. WASHINGTON BLVD., SUITE 500  
SARASOTA FL 34236**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>240 N. WASHINGTON BLVD SUITE 500.</b>
83	84 City <b>FL</b>
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTSD LINDERS, JOHN R. 3601 SOMERVILLE DR. SARASOTA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FANCHER, DAVID E. 6801 MANGO CIRCLE W. PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LINDERS, THOMAS E. 12604 WARDELL COURT SARATOGA CA</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HOLMSTEDT, PETER ALFRED 259 NORTHERN BLVD. ST. JAMES NY</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PTD</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>SD JEAN J. VOGELE 4957 CROSS CREEK RD. SARASOTA, FL 34231</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 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.

SIGNATURE: **John R. Linders** **JOHN R. LINDERS 4-15-98 944-924-2685**

CR2E037 (10/97)