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02-27-1999 90058 014 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N28068

1. Corporation Name

THE HENSLEY-SILVERTOOTH MEMORIAL FOUNDATION, INC

Principal Place of Business

2000 MAIN ST.
P.O. BOX 48927
SARASOTA FL 34230

Mailing Address

2000 MAIN ST.
P.O. BOX 48927
SARASOTA FL 34230



2. Principal Place of Business

21 P.O. Box 48927

Suite, Apt. #, etc.

22 City & State

23 Sarasota, FL

Zip

24 34230

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 48927

Suite, Apt. #, etc.

27 City & State

28 Sarasota, FL

Zip

29 34230

Country

30 U.S.A.

3. Date Incorporated or Qualified

08/26/1988

4. FEI Number

65-0069850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, WALTER F
2071 RINGLING BLVD 6TH FLOOR
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

WALTER F. SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

2002 Ringling Boulevard, 8th Floor

83

84 City

Sarasota,

FL

85 Zip Code

34237

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 PD ☐ DELETE

NAME OWENS, ANDREW D. J

STREET ADDRESS 2071 RINGLING BLVD., 6TH FLOOR

CITY-ST-ZIP SARASOTA FL

TITLE VTD ☐ DELETE

NAME SMITH, WALTER F

STREET ADDRESS 2071 RINGLING BLVD 6TH FLOOR

CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME BENDUS, ROBERT F

STREET ADDRESS 2071 RINGLING BLVD 6TH FLOOR

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ANDREW D. OWENS, JR.

1.3 STREET ADDRESS 2002 Ringling Boulevard, 10th Floor

1.4 CITY-ST-ZIP Sarasota, Florida 34237

2.1 TITLE VTD ☒ Change ☐ Addition

2.2 NAME WALTER F. SMITH

2.3 STREET ADDRESS 2002 Ringling Boulevard, 8th Floor

2.4 CITY-ST-ZIP Sarasota, Florida 34237

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME ROBERT F. BENDUS

3.3 STREET ADDRESS 2002 Ringling Boulevard, 8th Floor

3.4 CITY-ST-ZIP Sarasota, Florida 34237

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

Daytime Phone #

CR2E037 (1/198)