## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

**SIGNATURE** 

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATO OFFICES OR DIRECTOR

1996

N30929 DOCUMENT #
1. Corporation Name

(6)

RUTH M. FOY CHARITABLE FOUNDATION, INC.

| Principal Place of B                      | Business  | Mailing Address  |                     |                   | {                                | ISI WINKI MINI  | ATUS GIVET                  | BININ NENII INNI         |                          |
|---|---|--|---------------------|-------------------|----------------------------------|---|-----------------------------|--------------------------|--------------------------|
| 2900-2 S. TAMIAN<br>SARASOTA FL 34<br>US  |   | 2900-2 S. TAMIAMI TR<br>SARASOTA FL 34239<br>US  |                     |                   |                                  |   |                             |                          |                          |
|   |   |  |                     |                   |                                  | 3. Date Incorporated or Qualified 03/01/1989  |                             | of Last 1<br>1/24/19     |                          |
| 2. Principal Place                        | of Business   | 2a. Mailing Address<br>26  |                     |                   | 4. FEI Number<br>65-0102106      | Applied For Not Applicable  |                             |                          |                          |
| Suite, Apt. #, et                         | tc.   | Suite, Act. #, etc. <b>27</b>  |                     |                   | 5. Certificate of Status Desired | \$8.75 Additional Fee Required  |                             |                          |                          |
| City & State                              |   | City & State   |                     |                   |                                  | Election Campaign Financing     Trust Fund Contribution                                   |                             |                          | O May Be<br>d to Fees    |
| Zip                                       | Country   | Zıp  | Coun                | itry              |                                  | 8. This corporation has liability for int   | angible tax                 |                          |                          |
| 24  | 25 29 30  |  | 30                  | Florida Statutes  |                                  |   | Yes Mo                      |                          |                          |
| 9   | 9. Name and Address of Curren   | it Registered Agent  |                     | 81 N              | lomo                             | 10. Name and Address of New Re  | gistered A                  | gent                     |                          |
| DDADIV DO                                 | ADEBT E   |  | ['                  | יון ויפ           | lame                             |   |                             |                          |                          |
| Drabik, robert f.<br>2900 s tamiami trail |   |  | [4                  | <b>B2</b>         | Street Addr                      | ess (P.O. Box Number is Not Acceptable  | )                           |                          |                          |
| SARASOTA                                  |   |  | -                   | 83                |                                  |   |                             |                          |                          |
|   |   |  | T                   | 84 (              | City                             |   | FL                          | <b>85</b> Zip            | o Code                   |
| 11. Pursuant to th                        | ne provisions of Sections 617.0502  | and 617,1508, Florida Statute  | s, the abov         | ·e-nan            | ned corpora                      | ation submits this statement for the purpo  | ose of chan                 | ging its n               | egistered office         |
| or registered a<br>familiar with, a       | agent, or both), in the State of Florid<br>and acce <b>nt the obligations</b> of, Sect  | da. Such change was authorize<br>ion 617.0503. Florida Statutes.   | ed by the co        | orpora            | ition's boar                     | rd of directors. I hereby accept the appoin   | ntment as re                | ejistered                | agent. I am              |
| SIGNA NIRE                                | skul I walach   | Robert F.  | DRA                 | BI                | K. Pcc                           | d when reinstatrog)   | 17/9                        | 60                       |                          |
| 12. OFFICERS AND DIRECTORS                |   |  | 13.                 | ngon aç           | Jilature registed                | ADD:TIONS/CHANGES TO OFFIC  | ERS AND (                   | DIRECTO                  | RS IN 12                 |
| TITLE                                     | 0   | []DELETE   | 1.1 TITU            | LE                |                                  |   |                             | ) Change                 | Addition                 |
| NAME (                                    |   |  | 1.2 NA              | 1.2 NAMÉ          |                                  |   |                             |                          |                          |
| OTTLET PUBLICOU                           | 469 7TH AVENUE  |  | 1.3 STREET ADDRESS  |                   | DRESS                            |   |                             |                          |                          |
| G111-31-20                                | NEW YORK NY   |  | 14 CITY-ST-ZIP      |                   | IP.                              |   |                             |                          |                          |
| 11122                                     | D DELETE  |  | 2 1 TITI            | 2 1 TITLE         |                                  |   | L                           | ) Change                 | Addition                 |
|   | CONNELL, STEPHEN  |  |                     | 2 2 NAME          |                                  |   |                             |                          |                          |
|   | 482 Broom Street<br>New York Ny   |  | 2 3 STREET ADDRESS  |                   |                                  |   |                             |                          |                          |
| Oli 1. 21- Fi                             | D   | []DELETE   | 2 4 CiT             | Y-SI-             | ZIP                              |   |                             | ] Change                 | Addition                 |
|   | DRABIK, ROBERT F.   | Пресене  | 3.2 NAME            |                   |                                  |   |                             | Change                   | ☐ Addition               |
|   | 1313 S. LAKE SHORE DR.  |  | 33 STREET ADDRESS   |                   | neess                            |   |                             |                          |                          |
| G   | SARASOTA FL   |  | 3.4. CITY-ST-ZIP    |                   |                                  |   |                             |                          |                          |
|   | 0   | [] DELETE  | 4 1 111             |                   |                                  |   |                             | ] Change                 | Addition                 |
|   | DRABIK, PATRICIA  |  | 4 2 NA              | ME                |                                  |   |                             |                          |                          |
| dirite i / la bille o d                   | 1313 S. LAKE SHORE DR.  |  | 43SF                | REET ADI          | DRESS                            |   |                             |                          |                          |
|   | SARASOTA FL   |  |                     | 44 CITY-ST-ZIP    |                                  |   |                             |                          |                          |
|   | D   | □ DELETE   | 5 1 TITI            |                   |                                  |   |                             | ] Change                 | Addition                 |
|   | MENCHINGER, THOMAS  |  | 5.2 NAI             |                   |                                  |   |                             |                          |                          |
|   | 4316 ARDALE<br>SARASOTA FL  |  | 5.3 STRE            |                   |                                  |   |                             |                          |                          |
| CITY-ST-ZIP                               | OATHOUIN FL   | DELETE   | 5 4 CIT<br>6 1 TITI | Y-ST-Z            | JP                               |   |                             | Change                   | Addition                 |
| NAME                                      |   |  | 6.2 NAI             |                   | ł                                |   |                             | j orienigo               | Addition                 |
| STREET ADDRESS                            |   |  |                     | ME<br>REET AD     | DRESS                            |   |                             |                          |                          |
| C:TY - ST - ZIP                           |   |  |                     | Y-ST-Z            |                                  |   |                             |                          |                          |
| 14. I do hereby ce                        | ertify that the information supplied  | with this filing is voluntarily furni  | ished and d         | loes n            | ot qualify fo                    | or the exemption stated in Section 119.0  | 7(3)(k), Flori              | da Statut                | es. I further            |
| oath; that I an                           | e information indicated on this annun<br>an an officer or <del>director of the corps</del><br>ock 12 of Block 13 if changed, or p | gration or the receiver or trustee   | e empowere          | true a<br>ad to a | and accura<br>execute this       | ate and that my signature shall have the sa<br>is report as required by Chapter 617, Flor | ame legal e<br>ida Statutes | fect as if<br>s; and the | made under<br>at my name |
| appears in Dic                            | Side Side to it distanted, of   | The state of the s | 2 - 1               |                   |                                  | , ,   |                             |                          |                          |

1/17/96 941-3100 Destine Prone