## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURÈ

N30929

(6)

## RUTH M. FOY CHARITABLE FOUNDATION, INC.

Principal Place of Business Mailing Address						1 10011181 808 11111 QQ114 15110 1101	J HULL BROKE BROKE	EHEN ONEN	01810 01011 HODA
2900-2 S. TAMIAMI TR SARASOTA FL 34239 US		2900-2 S. TAMIAMI TR SARASOTA FL 34239-5105 US							
		••				<ol> <li>Date Incorporated or Qualified 03/01/1989</li> </ol>	3a, Date	of Last R	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0102106				
Suite, Apt. :	#, etc	Suite, Apt. #, etc.	,			5. Certificate of Status Desired		T	Additional equired
City & State	?	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible ta	x under s	. 199.032,
24	25		30				Yes 🔲		
	9. Name and Address of Curren	t Hegistered Agent		81 Name		O. Name and Address of New Re	gistered Ag	ent	
				81 Name	е				
Drabik, robert f. 2900 s tamiami trail				82 Street	t Address	(P.O. Box Number is Not Acceptal	ole)		
	TA FL 34239			83					
				84 City			FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 617 0502 egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida Such change was a	es, the ab authorized	xove-named by the cor	d corpora	tion submits this statement for the ps board of directors. I hereby acce	nurnose of o	nanging if	ts registered
agent. I ar SIGNATURE _	m familiar with, and accept the obliga	itions of, Section 617,0503, Flo	rida Stati	utes.	•		, <b></b>		
	Signature typed or printed name of registered ager		: Registered	Agent signatur	re required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.		·	ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	
TITLE	D	☐ DELETE	1.1 TIT	LE			L	] Change	Addition
NAME	CUNNINGTON, WILLIAM E		1.2 NA	ME					
STREET ADDRESS	469 7TH AVENUE		1.3 ST	reet address	3				
CITY - ST - ZIP	NEW YORK NY	Design		Y-ST-ZIP	ļ <u>.</u>		···		
TITLE	D COMMEN OFFICER	DELETE	2.1 T)T				L	_ Change	Addition
NAME	CONNELL, STEPHEN		2.2 NA						
STREET ADDRESS	482 BROOM STREET		2.3 ST	reet address	5	•			
CITY-ST-ZIP	NEW YORK NY	☐ DELETE		TY-ST-ZIP	·			T 01	1 4 4 4 9 7 4 4
TITLE NAME	d Drabik, robert f.	☐ DELETE	3.1 111				L	Change	☐ Addition
STREET ADDRESS	1313 S. LAKE SHORE DR.		3.2 NA						
CITY-ST-ZIP	SARASOTA FL		1	REET ADDRESS	`				ļ
TITLE	D	DELETE	4.1 T(T	TY-ST-ZIP	<del> </del>		<del></del>	Change	Addition
NAME	DRABIK, PATRICIA	occur	4. 2 N/		1		<u> </u>	) Change	[] Mudilion
STREET ADDRESS	1313 S. LAKE SHORE DR.			REET ADDRESS	,				
CITY-ST-ZIP	SARASOTA FL		B .	Y-ST-ZIP	´				
TITLE	D	☐ DELETE	5.1 TIT		<u> </u>			Change	Addition
NAME	MENCHINGER, THOMAS		5.2 NA	ME				•	
STREET ADDRESS	4316 ARDALE			REET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			Y-ST-ZIP	1				
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS	; [				
CITY-ST-ZIP				Y-ST-ZIP	1				
14. I do hereb	by certify that the information supplied	with this filing does not qualify	y for the	exemption s	stated in	Section 119.07(3)(i), Florida Statute	s. I further co	artify that	the
I am an of appears in	n indicated on this annuel report or si ficer or director of the combination or a Block 12 or Block 12 if pranged or	the receiver or trustee empower on an attachment with an add	ered to e ress.	xecute this	report as	required by Chapter 617, Florida S	statutes; and	that my r	name

ABIK 1/9/97 94/-366-2100
Dayline Phone # 0063549

FILED

Jan 22 1997 8:00am

Secretary of State