

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 033 ****61.25

DOCUMENT # N30929

1. Corporation Name
RUTH M. FOY CHARITABLE FOUNDATION, INC.

Principal Place of Business Mailing Address
 2900-2 S. TAMAMI TR 2900-2 S. TAMAMI TR
 SARASOTA FL 34239 SARASOTA FL 34239
 US US

6 8 7 1 7 6 *
 807176 - 90003 - 9 6 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0102106	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRABIK, ROBERT F. 2900 S TAMAMI TRAIL SARASOTA FL 34239				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<i>Director</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUNNINGTON, WILLIAM E			1.2 NAME	EDWLES, KENNETH C.		
STREET ADDRESS	469 7TH AVENUE			1.3 STREET ADDRESS	4312 BENT TREE BLVD		
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP	SARASOTA, FL 34241		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNELL, STEPHEN			2.2 NAME			
STREET ADDRESS	482 BROOM STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE	D - <i>president</i>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRABIK, ROBERT F.			3.2 NAME			
STREET ADDRESS	1313 S. LAKE SHORE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRABIK, PATRICIA			4.2 NAME			
STREET ADDRESS	1313 S. LAKE SHORE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP			
TITLE	D <i>Treasurer</i>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENCHINGER, THOMAS			5.2 NAME			
STREET ADDRESS	4316 ARDALE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

4. 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 Date: 7/14/99 Daytime Phone #

CR2E037 (5/99)