

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N31004** (7)

1. Corporation Name

THE THOMAS J. VINCENT FOUNDATION, INC.

Principal Place of Business C/O V. KEITH YOUNG 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801	Mailing Address C/O V. KEITH YOUNG 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801-3440
---	--

3. Date Incorporated or Qualified 03/01/1989	3a. Date of Last Report 03/06/1996
--	--

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	4. FEI Number 59-2955378 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, V. KEITH
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, THOMAS J.	1.2 NAME	
STREET ADDRESS	225 OVERBROOK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, THOMAS J.	2.2 NAME	
STREET ADDRESS	225 OVERBROOK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, V. KEITH	3.2 NAME	
STREET ADDRESS	200 SOUTH ORANGE AV#2300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADOW, JOSEPH J	4.2 NAME	G. THOMAS BALL
STREET ADDRESS	550 N REQ ST, STE 209	4.3 STREET ADDRESS	363 East Lake Sue Avenue
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYO, STEPHEN	5.2 NAME	HAYO, STEPHEN
STREET ADDRESS	604 MOURNING DOVE CIR	5.3 STREET ADDRESS	8805 VILLAGE GREEN BLVD.
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	CLERMONT, FL 34711
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	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1997 407-649-4029
Date Daytime Phone # 0015880

CR2E037 (9/96)