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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31061 (7)
1. Corporation Name
THE SECRIST FAMILY FOUNDATION, INC.



Principal Place of Business % ROBERT L. SECRIST, JR. 1025 WILKINSON ST. ORLANDO FL 32803	Mailing Address % ROBERT L. SECRIST, JR. 1025 WILKINSON ST. ORLANDO FL 32803-1053
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3. Date Incorporated or Qualified 03/08/1989	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2940793	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 250 CAROLINA AVE	2a. Mailing Address 26 P.O. BOX 2673
Suite, Apt. #, etc. 22 APT. 301 B	Suite, Apt. #, etc. 27 _____
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32789	Country 25 USA
Zip 29 32790	Country 30 USA

9. Name and Address of Current Registered Agent
**SECRIST, ROBERT L, JR.
1025 WILKINSON ST.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	250 CAROLINA AVE
83	301 B
84 City	WINTER PARK FL
85 Zip Code	32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, ROBERT L, JR.	1.2 NAME	
STREET ADDRESS	1025 WILKINSON ST.	1.3 STREET ADDRESS	250 CAROLINA AVE 301 B
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, PATRICIA A.	2.2 NAME	
STREET ADDRESS	1025 WILKINSON ST.	2.3 STREET ADDRESS	250 CAROLINA AVE 301 B
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	WINTER, PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, RONALD A.	3.2 NAME	
STREET ADDRESS	107 COUNTRYSIDE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSBURG VA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 _____ DATE **2/27/97 (407) 599-0574**

CR2E037 (9/96)