

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:49

DOCUMENT # **N33820** (4)  
1. Corporation Name  
**THE BARBARA L. RHODES CHARITABLE FOUNDATION, IN C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**32215 KINNE PEARCE RD  
LEESBURG FL 34788** **32215 KINNE PEARCE RD  
LEESBURG FL 34788**

3. Date Incorporated or Qualified **08/21/1989** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-2970175** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2107 Whittfield dr.** 26 **2107 Whittfield dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **FERNANDINA BEACH, FL.** 27  
City & State City & State  
23 **FERNANDINA BEACH, FL.** 28  
City & State City & State  
24 **32034** 25 Country 29 **32034** 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RHODES, BARBARA L**  
~~**32215 KINNE PEARCE RD**~~ **2107 Whittfield dr.**  
~~**LEESBURG FL 34788**~~ **FERNANDINA BEACH**  
**FL. 32034**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BATH, ELEANOR</b>
STREET ADDRESS	<del><b>32215 KINNE PEARCE RD</b></del>
CITY - ST - ZIP	<del><b>LEESBURG FL</b></del>
TITLE	<b>D</b>
NAME	<b>RHODES, BARBARA L.</b>
STREET ADDRESS	<b>32215 KINNE PEARCE ROAD</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	<b>D</b>
NAME	<b>EVANS, MAGGIE B</b>
STREET ADDRESS	<b>131 WATERMAN AVE</b>
CITY - ST - ZIP	<b>MT DORA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2107 Whittfield dr.</b>
1.4 CITY - ST - ZIP	<b>FERNANDINA BEACH, FL. 32034</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2107 Whittfield dr.</b>
2.4 CITY - ST - ZIP	<b>FERNANDINA BEACH, FL. 32034</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Barbara L. Rhodes 3-23-95 (904) 277-1148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #