FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35532 (3)

1. Corporation Name

CHARLES A. FRUEAUFF FOUNDATION, INC.

Principal Place of Business	Mailing Address
307 EAST 7TH AVENUE TALLAHASSEE FL 32303	307 EAST 7TH AVENUE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 11-5605371 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCULLY, A.C.
730 LIVE OAK PLANTATION ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ 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	T	1.1 TITLE	T ☐ Change ☑ Addition
NAME	FANNING, KARL P.	1.2 NAME	Frueauff, Anna Kay
STREET ADDRESS	P.O. BOX 60 N/Q	1.3 STREET ADDRESS	13216 Fairway Village Court
CITY-ST-ZIP	FAIRPLAY CO	1.4 CITY-ST-ZIP	Little Rock, AR 72212
TITLE	T	2.1 TITLE	TDP ☐ Change ☑ Addition
NAME	FRUEAUFF, SUE, M	2.2 NAME	McCully, A.C.
STREET ADDRESS	801 W 17TH TERR	2.3 STREET ADDRESS	730 Live Oak Plantation Road
CITY-ST-ZIP	RUSSELLVILLE AR	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	FALLON, JAMES P.	3.2 NAME	
STREET ADDRESS	39 LAWRENCE FARMS CRSWWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUA NY	3.4 CITY-ST-ZIP	
TITLE	TDV	4.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, CHARLES T.	4.2 NAME	
STREET ADDRESS	VULTURE MINE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WICKENBURG AZ	4.4 CITY-ST-ZIP	
TITLE	TDS	5.1 TITLE	☑ Change ☐ Addition
NAME	FRUEAUFF, DAVID A.	5.2 NAME	
STREET ADDRESS	~~1803 ATLANTIS PLACE~~ 1216 Brenner Dr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~TALLAHASSEE FL~~ Nashville, TN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: A. C. McCully, M.D. 2/24/95 904 521 8508
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Date — Daytime Phone #

0002107