

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N35532

1. Corporation Name

CHARLES A. FRUEAUFF FOUNDATION, INC.

Principal Place of Business

**900 S. SHACKLEFORD RD., #300
LITTLE ROCK AR**

Mailing Address

**900 S. SHACKLEFORD RD., #300
LITTLE ROCK AR**

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90019 005 ****61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/06/1989

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

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 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

TITLE ☐ DELETE

NAME **D FANNING, KARL P.**
STREET ADDRESS **790 BOGUE ST.**
CITY-ST-ZIP **FAIRPLAY CO 80440**

TITLE ☐ DELETE

NAME **T FRUEAUFF, SUE, M**
STREET ADDRESS **3101 MISTY LANE**
CITY-ST-ZIP **LITTLE ROCK AR 72227**

TITLE ☐ DELETE

NAME **DV FALLON, JAMES P.**
STREET ADDRESS **39 LAWRENCE FARMS CRSWWY**
CITY-ST-ZIP **CHAPPAQUA NY**

TITLE ☐ DELETE

NAME **TDV KLEIN, CHARLES T.**
STREET ADDRESS **56344 VULTURE MINE RD**
CITY-ST-ZIP **WICKENBURG AZ 85358**

TITLE ☐ DELETE

NAME **PD FRUEAUFF, DAVID A.**
STREET ADDRESS **8192 LONDBERRY RD.**
CITY-ST-ZIP **NASHVILLE TN 37221**

TITLE ☐ DELETE

NAME **DC MCCULLY, A. C**
STREET ADDRESS **730 LIVE OAK PLANTATION ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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

Daytime Phone #

6-7-99

6153090003

CR2E037 (11/98)