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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36418 (4)

1. Corporation Name

THE MARGARETTA VAN R. SCHUYLER AND WILLIAM B. ANDERSON FOUNDATION, INC.

Principal Place of Business

2037 1 AVE N
ST PETERSBURG FL 33713

Mailing Address

2037 1 AVE N
ST PETERSBURG FL 33713-88013. Date Incorporated or Qualified
01/26/19903a. Date of Last Report
01/25/19964. FEI Number
59-3005308Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

POPE, ROBERT W.
2037 1 AVE N
ST PETERSBURG FL 33713

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 JOHN B. GAY
STREET ADDRESS 8250 28TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FLTITLE ☒ DELETE
NAME MASSEY, RONNIE
STREET ADDRESS 1645 58TH AVE S #7
CITY-ST-ZIP ST PETERSBURG FLTITLE ☐ DELETE
NAME DOROTHY ABBOTT
STREET ADDRESS 5506 BRANCH AVE
CITY-ST-ZIP TAMPA FLTITLE ☒ DELETE
NAME VALMUS, NANCY
STREET ADDRESS 1608 ROBIN LANE
CITY-ST-ZIP BRANDON FLTITLE ☐ DELETE
NAME TIM MCCORMICK
STREET ADDRESS 4401 37TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P ROBERT W. POPE
1.3 STREET ADDRESS 2037 1st Ave N
1.4 CITY-ST-ZIP ST PETERSBURG, FL 337132.1 TITLE ☐ Change ☒ Addition
2.2 NAME S JOHN DUNNE
2.3 STREET ADDRESS 11549 48th Ave N.
2.4 CITY-ST-ZIP SEMINOLE, FL 337083.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME P - President
4.3 STREET ADDRESS S - Secretary
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME T - Treasurer
5.3 STREET ADDRESS D - Director
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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

Date

Daytime Phone # 0950550

CR2E037 (9/96)