


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N37756 (6)</b> 1. Corporation Name <b>D.K. ROBERTS, II MEMORIAL FUND, INC.</b>					
Principal Place of Business <b>C/O STEPHEN H. KURVIN 7 S. LIME AVENUE SARASOTA FL 34237</b>			Mailing Address <b>C/O STEPHEN H. KURVIN 7 S. LIME AVENUE SARASOTA FL 34237-6105</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/23/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>07/03/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>65-0215846</b>	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>KURVIN, STEPHEN H. 7 S. LIME AVENUE SARASOTA FL 34237</b>			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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D		1.1 TITLE	
NAME		ROBERTS, DON K.		1.2 NAME	
STREET ADDRESS		1115 38TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34234		1.4 CITY-ST-ZIP	
TITLE		D		2.1 TITLE	
NAME		ZORAVKOVICH, DIMITRIJE		2.2 NAME	
STREET ADDRESS		ONE RAM WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34231		2.4 CITY-ST-ZIP	
TITLE		S		3.1 TITLE	
NAME		ANAST, LYNNE		3.2 NAME	
STREET ADDRESS		4151 ARROW LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34342		3.4 CITY-ST-ZIP	
TITLE		D		4.1 TITLE	
NAME		BARRINEAU, WM		4.2 NAME	
STREET ADDRESS		6907 STETSON ST CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34242		4.4 CITY-ST-ZIP	
TITLE		T		5.1 TITLE	
NAME		KENNEDY, REBECCA		5.2 NAME	
STREET ADDRESS		6829 COLONIAL DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34231		5.4 CITY-ST-ZIP	
TITLE		S		6.1 TITLE	
NAME		MERCURIO, CINDY		6.2 NAME	
STREET ADDRESS		2136 TALL OAK CT		6.3 STREET ADDRESS	
CITY-ST-ZIP		SARASOTA FL 34232		6.4 CITY-ST-ZIP	



CR2E037 (9/96)

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.