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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N40266

1. Corporation Name

WALTER P. KROK CHARITABLE FOUNDATION, INC.

* 5 3 4 2 5 5 *

534255 - 90169 - 23

Principal Place of Business
05331 MAGNOLIA RIDGE RD
FRUITLAND FL 34731

Mailing Address
05331 MAGNOLIA RIDGE RD
FRUITLAND FL 34731



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/09/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3036540

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROK, WALTER P.
05331 MAGNOLIA RIDGE RD
SUITE 701
FRUITLAND PARK FL 34731

81 Name Walter P Krok

82 Street Address (P.O. Box Number is Not Acceptable)
05331 Magnolia Ridge Rd

84 City Fruitland Park FL

85 Zip Code 34731

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 Walter P Krok, Walter P Krok Pres

4-30-99
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 DELETE
NAME SPD
KROK, WALTER P.
STREET ADDRESS 05331 MAGNOLIA RIDGE RD
CITY-ST-ZIP FRUITLAND PARK FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME D
KROK, MICHAEL D.
STREET ADDRESS 5726 OHIO STREET
CITY-ST-ZIP VERMILION OH

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D
KROK, POLLY
STREET ADDRESS 05331 MAGNOLIA RIDGE RD
CITY-ST-ZIP FRUITLAND PARK FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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: Walter P Krok, Walter P Krok Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99
Date

352 728 4471
Daytime Phone #

CR2E037 (1/98)