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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N41006

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| Principal Place of Business Mailing Address PO BOX 11646 DAYTONA BEACH FL 32120 CHARITABLE FOUNDATION, INC Mailing Address C/O ANSBACHER & SCHNEIDER 4215 SOUTHPOINT BLVD #100 | | | | | | | | | | |
|--|---|--|--|--|--|--|-------------------------|-------------------------------------|---|--|
| • Principal | al Place of Business | JACKSONVILLE FL : US | 32216 | , | | Date Incorporated or Qualified 11/29/1990 | ed 3a. | Date of L | ast Report | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | <u>U2/U</u> | 1/1995 | |
| Suite, Ap | pt. #, etc. | Suite Ant # etc | | | | 59-3038798 | | } | Applied For | |
| 2 (3) (8) (9) | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8. | Not Applica 75 Additional | |
| City & St | ate | City & State | | | | <u> </u> | | Fe | Pe Required | |
| Zip | Country | 28 | | | | Election Campaign Financing Trust Fund Contribution | · 🗆 | \$5. | .00 May Be | |
| | Country 25 | Zip | | ountry | , | Trust Fund Contribution 8. This corporation has liability to | _ | Δnt | Ided to Ease | |
| | 9. Name and Address of Current F | 29 Registered Agent | 30 | -, | | This corporation has liability to Florida Statutes | I I Voc N | . #Ki⊸ | rs. 199.032, | |
| • | | Jedisteten Wiett | | 81 | · | 10. Name and Address of New | v Registered | Agent | | |
| SCHN | IEIDER, MICHAEL N. | | | | Name | | | F16 | | |
| . 4215 8 | southpoint blvd. | | | 82 | Street Add | dress (P.O. Box Number is Not Accept | rable) | | | |
| SUITE | | | | 83 | | | 00.0, | | | |
| JAUNO | SONVILLE FL 32216 | | | | | | | | | |
| Pursuant | to the provisions of Continue D17 0500 | | | 84 | City | | | 85 2 | 7 _{in} Code | |
| or registe | t to the provisions of Sections 617.0502 and ered agent, or both, in the State of Florida. Swith, and accept the obligations of, Section to | d 617.1508, Florida Statut Such change was authori: | les, the abo | OVO US | amed corpor | ration submits this statement for the c | FL. | | | |
| Ital + manage | ith, and accept the obligations of, Section is | 617.0600 5 | Zea by the , | CORL | tration's now. | rd of directors. I have be | urpose or call | anging its | registered one | |
| GNATURE | | | 3. | | A DOM | accept the ac | pointment as | registere | u agent, i am | |
| GNATURE | Signature, typed or printed name of registered agent and to | tite if applicable (NC | | | | , | pointment as | registere | agent, I am | |
| GNATURE | Signature, typed or printed name of registered agent and to OFFICERS AND DI | tite if applicable (NC | OTE: Registered | | | o when reinstainig) | - FIATI | | u agent, ram | |
| NATURE | Signature, speed or printed name of registered agent and to OFFICERS AND DI | tite if applicable (NC | | Agent s | | , | DATE FICERS AND | DIRECTO | u agent, ram | |
| GNATURE .e .ie | Signature, typed or printed name of registered agent and in OFFICERS AND DI | ntre il applicable (NO IRECTORS | OTE: Registered | Agent s | | o when reinstainig) | DATE FICERS AND | | u agent, ram | |
| GNATURE | Signature, typed or printed name of registered agent and in OFFICERS AND DI PD DOLINER, LIL 230 JOHN ANDERSON DR. | ntre il applicable (NO IRECTORS | 13. 1.1 TIT | Agent s | signaturė required | o when reinstainig) | DATE FICERS AND | DIRECTO | ORS IN 12 | |
| GNATURE E E EET ADORESS -ST-ZIP | Signature, typed or printed name of registered agent and in OFFICERS AND DI | nte d'applicable (NC IRECTORS | 13. 1.1 TIT 1.2 NA 1.3 STF | Agent e TLE AME REET AD | signature required | o when reinstainig) | DATE FICERS AND | DIRECTO | ORS IN 12 | |
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