

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41673 (7)
1. Corporation Name
TRIPLETT-DRESNER FAMILY FOUNDATION, INC.



Principal Place of Business: **9083 86TH CT. NORTH SEMINOLE FL 34647**
Mailing Address: **9083 86TH CT NORTH SEMINOLE FL 34647 US**

3. Date Incorporated or Qualified: **01/14/1991**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **65-6031402**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COTLER, RICHARD S.
2435 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	TRIPLETT, CHESTER	
STREET ADDRESS	2950 WALDEN PLACE	
CITY-ST-ZIP	BILLINGS MT	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	TRIPLETT, RICK	
STREET ADDRESS	9083 86TH CT. NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALWEIS, ELLEN C.	
STREET ADDRESS	3024 MACONA LANE	
CITY-ST-ZIP	BILLINGS MT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRIPLETT RICK	
1.3 STREET ADDRESS	9083 86TH COURT NORTH	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GIFFORD CHERYL	
2.3 STREET ADDRESS	2650 COUNTY BARN ROAD	
2.4 CITY-ST-ZIP	NAPLES, FL 33962	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rick B Triplett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICK B. TRIPLETT

Date: **4-29-96** Daytime Phone #: **813-397-4875**

CR2E037 (12/95)