

**NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**

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



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # N43449 (0)**

95 JUN - 8 AM 9:37

1. Corporation Name  
**THE RUTH MUNCE FOUNDATION, INC.**

Principal Place of Business Mailing Address

**% G.M. MUNCE, CPA**  
641 BRYN MAWR STREET  
ORLANDO FL 32804

**% G.M. MUNCE, CPA**  
641 BRYN MAWR STREET  
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **03/11/1994**

4. FEI Number **59-3075055** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **P.O. Box 1004**

22 City & State 27 **LARGO, FL**

23 Zip 28 **34649** Country 30

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTHNER, GORDON**  
1181 BASKINS RD.  
LARGO FL 34648

81 Name **ROBERT L MUNCE**

82 Street Address (P.O. Box Number is Not Acceptable) **9942 E BAY ST**

83

84 City **SEMINOLE** FL 85 Zip Code **34646**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **FAX SIGNATURE ATTACHED ROBERT L. MUNCE Robert L. Muncie 5/1/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ORTHNER, GORDON
STREET ADDRESS	1181 BASKINS RD
CITY - ST - ZIP	LARGO FL 34648
TITLE	SD
NAME	MUNCE, ROBERT
STREET ADDRESS	9942 E BAY ST
CITY - ST - ZIP	SEMINOLE FL 34642
TITLE	TD
NAME	MUNCE, G M
STREET ADDRESS	641 BRYN MAWR STREET
CITY - ST - ZIP	ORLANDO FL 32804
TITLE	VICE - PRESIDENT TD
NAME	SPEER, LYNNDA
STREET ADDRESS	8615 MITCHELL RANCH RD.
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655-3004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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)(b), 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: G.M. MUNCE **G.M. MUNCE** 5/1/95 **5/1/95** 407/843-2601 **407/843-2601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #