

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 # **N43449** (0)

1. Corporation Name
THE RUTH MUNCE FOUNDATION, INC.



Principal Place of Business: % G.M. MUNCE, CPA, 641 BRYN MAWR STREET, ORLANDO FL 32804
Mailing Address: P OBOX 1004, 641 BRYN MAWR STREET, LARGO FL 34649, US

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 06/08/1995

21	2. Principal Place of Business 415 2nd ST. E.	26	2a. Mailing Address % G M MUNCE, CPA	4.	FEI Number 59-3075055	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. 641 BRYN MAWR ST	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State INDIAN ROCKS BEACH, FL	28	City & State ORLANDO, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip 34635	29	Zip 32804	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MUNCE, ROBERT L 9942 E BAY ST SEMINOLE FL 34646		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SPEER, LYNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			D
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.2 NAME
			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	SD MUNCE, ROBERT 9942 E BAY ST SEMINOLE FL 34642	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			PD
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	TD MUNCE, G M 641 BRYN MAWR STREET ORLANDO FL 32804	<input type="checkbox"/> DELETE	3.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			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: *G M Munce* G M MUNCE 4/5/96 407/843-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)