1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am § Secretary of State

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DOCUMENT # N44307

JCL	SENATORS	FOUNDATION	ΩF	FI ORIDA	INC
JUI	JUNA I UNG		OI.		1110

Principal Place	e of Business	Mailing Address					
713 S. ORANGE AVE.		713 S. ORANGE AVE.			I ERBIJIDI AIX DIBNI BIBAD ILJIK BOKI IBBI BIRKI ALGAI BIBAL BIBAL BIBAL BABAL BABAL BABAL		
SARASOTA FL 34236		SARASOTA FL 34236					
US		US) thatis as and mineral many into didical parts and contract and contr		
2 Principal D	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
⊢ ′	idde of Busiliess	26			07/11/1991		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For		
22	<i>m</i> , GC .	27			59-3091793 Not Applicable		
City & Stat	e	City & State			\$8.75 Additional		
23	-	28			5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Country	/	6. Election Campaign Financing \$5.00 May Be		
24	25	29 30]		Trust Fund Contribution Added to Fees		
	9. Name and Address of Curi		<u>' </u>		10. Name and Address of New Registered Agent		
		· ·	81	Name			
MEDOLIDI	0 10010 1		00		Address (D.O. Boy Number in Not Accontable)		
	O, JOHN J.		82	Street	Address (P.O. Box Number is Not Acceptable)		
	RANGE AVE.		83				
SARASUT	A FL 34236				,		
			84	City	FL 85 Zip Code		
44 0	to the manifeless of Continue 617 C	E02 and 617 1509 Florida Statutos	the above	e-named	corporation submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was auth igations of, Section 617.0503, Florida	onzed by	the corpo	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					required when reinstating) DATE		
	Signature, typed or printed name of registered in		gistered Age	nt signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	,	AND DIRECTORS DELETE	1.1 TITLE		Change Addition		
TITLE	PD	C Deterie					
NAME.	WHITMORE, RON	İ	1.2 NAME				
STREET ADDRESS	1008 GREENBRIER DR.			TADORESS			
CITY-ST-ZIP_	BRANDON FL	OF STE	1.4 CITY-5	ST-ZIP	☐ Change ☐ Addition		
TITLE	VPD	☐ DELETE	2.1 TITLE				
NAME	HARROW, DICK		2.2 NAME				
STREET ADDRESS	1999 JUGAN RD.			TADDRESS	and the second s		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-	ST-ZIP	F101 F14480		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	Batterman, Barry		3.2 NAME				
STREET ADDRESS	526 NE 199 LANE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH FL		3.4. CITY-	ST-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	DEAL, CECIL		4. 2 NAME				
STREET ADDRESS	9682 108TH AVE NO.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	LARGO FL		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TTLE		ASST. TREAS. □ Change X Addition		
NAME	, ;		5.2 NAME		JOHN MERCURIO		
STREET ADDRESS]	5.3 STREE	TADDRESS	713 SOUTH ORANGE AVENUE		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	SARASOTA FL 34236		
TITLE		☐ DÉLETE	6.1 TπLE		Change Addition		
NAME		· ·	6.2 NAME		. ,		
STREET ADDRESS			6.3 STREE	TADORESS			
SIKEEI ADUKESS			64 CITY-5	T. 7IP	İ		

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: