

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44378** (0)
1. Corporation Name
JOHN AND OPAL PATRONIS FOUNDATION, INC.



Principal Place of Business
**3613 DELWOOD DR
PANAMA CITY BEACH FL 32407**

Mailing Address
**3613 DELWOOD DR
PANAMA CITY BEACH FL 32407**

3. Date Incorporated or Qualified
07/22/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3081573

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

**PATRONIS, JOHNNY T.
3613 DELWOOD DR
PANAMA CITY BEACH FL 33240**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	D	1.1 TITLE	
NAME	PATRONIS, JOHNNY T.	1.2 NAME	
STREET ADDRESS	3613 DELWOOD DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	PATRONIS, OPAL S.	2.2 NAME	
STREET ADDRESS	3613 DELWOOD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	D
NAME	SALARES, MITHCELL G	3.2 NAME	SALARES, ERIC
STREET ADDRESS	8514 N. LAGOON DR.	3.3 STREET ADDRESS	3613 DELWOOD DR
CITY - ST - ZIP	PANAMA CITY FL 32408	3.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Johnny T. Patronis
Signature and Typed or Printed Name of Signing Officer or Director

6/24/96
Date

904-234-382
Daytime Phone #

CR2E037 (3/96)