

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED
98 OCT 26 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44569

1. Corporation Name

KAREN WERNISING BAYER AND DAVID A BAYER
FOUNDATION

Principal Place of Business

Mailing Address

7417 BAY COLONY DRIVE
NAPLES FL 34108-7514

7417 BAY COLONY DRIVE
NAPLES FL 34108-7514

3. Date Incorporated or Qualified
8-6-91

4. FEI Number

Applied For

Not Applicable

65-0348696

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES E MOORE III
1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950

81 Name

KAREN W BAYER

82 Street Address (P.O. Box Number is Not Acceptable)

7417 BAY COLONY DRIVE

83

84 City

NAPLES

FL

85 Zip Code

34108

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 KAREN W BAYER - DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Karen W. Bayer 10-1-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE
NAME BAYER, KAREN WERNISING
STREET ADDRESS 7417 BAY COLONY DRIVE
CITY-ST-ZIP NAPLES FL 34108-7514 ☐ DELETE

TITLE DIRECTOR ☐ DELETE
NAME BAYER, DAVID A
STREET ADDRESS 7417 BAY COLONY DRIVE
CITY-ST-ZIP NAPLES FL 34108-7514 ☐ DELETE

TITLE DIRECTOR ☐ DELETE
NAME PROOST, ROBERT L
STREET ADDRESS 7 BELLERIVE COUNTRY CLUB
CITY-ST-ZIP NAPLES FL 34108-7514 ☐ DELETE

TITLE ST LOUIS MO 63141 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE: KAREN W BAYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen W. Bayer 10-1-98

Date

Daytime Phone #

CR2E037 (10/97)