FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:06

DOCUMENT # **N44728** (6)

1. Corporation Name

THE MARJORIE BINGHAM FOUNDATION, INC.

Principal Place of Business	Mailing Address
502 N.W. 75TH STREET SUITE 327 GAINESVILLE FL 32607 US	502 N.W. 75TH STREET SUITE 327 GAINESVILLE FL 32607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991	3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-3113184	☐ 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
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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AVERA, MARK A. 502 N.W. 75TH STREET SUITE 327 GAINESVILLE FL 32607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBD	11 TITLE	COBD	☐ Change ☐ Addition
NAME	HATCHER, LAMAR	12 NAME	HATCHER, LAMAR	
STREET ADDRESS	2516 N.W. 43 STREET	13 STREET ADDRESS	2516 N. W. 43rd Street	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	PD	21 TITLE	PD	☐ Change ☐ Addition
NAME	FORD, AL	22 NAME	FORD, AL	
STREET ADDRESS	2516 N.W. 43 STREET	23 STREET ADDRESS	2516 N. W. 43rd Street	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	BOYLES, PIDGE	32 NAME	ROS, ANA	
STREET ADDRESS	9415 S.W. 213T AVENUE	33 STREET ADDRESS	7911 S. W. 36th Avenue	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	SD	41 TITLE	SD	☐ Change ☐ Addition
NAME	FINLAYSON, BARBARA	42 NAME	FINLAYSON,BARBARA	
STREET ADDRESS	711 S.W. 88TH TERRACE	43 STREET ADDRESS	711 S. W. 88th Terrace	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	TD	51 TITLE	TD	☐ Change ☐ Addition
NAME	SMEYAK, CORKY	52 NAME	SMEYAK,CORKY	
STREET ADDRESS	3809 N.W. 10TH PLACE	53 STREET ADDRESS	3809 N. W. 10th Place	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	BRASWELL, MARTIN	62 NAME	PAULUS, DEBBIE	
STREET ADDRESS	2030 N.W. 46 STREET	63 STREET ADDRESS	1125 N. W. 23rd Terrace	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Gainesville, FL 32605	

ADDITIONS ACCEPTED BY MAIL

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: Albert W. Ford 4-28-95 904-377-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT W. FORD

0029738