

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 # **N46662** (5)
1. Corporation Name
THE FALCK FOUNDATION, INC.



Principal Place of Business: **C/O RANDALL E. FALCK, 8049 WHISPER LAKE LANE WEST, PONTE VEDRA BEACH FL 32082**
Mailing Address: **C/O RANDALL E. FALCK, 8049 WHISPER LAKE LANE WEST, PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified: **01/02/1992**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **59-3098588**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **FALCK, RANDALL E., 8049 WHISPER LAKE LANE, WEST, PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALCK, RANDALL E.	
STREET ADDRESS	8049 WHISPER LAKE LN.W.	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANC, MELVIN E.	
STREET ADDRESS	8049 WHISPER LAKE LN.W.	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANC, DAPHNE A.	
STREET ADDRESS	8049 WHISPER LAKE LN.W.	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FALCK, RANDALL E.L.	
1.3 STREET ADDRESS	8049 WHISPER LAKE LANE W.	
1.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
2.1 TITLE	D/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANC, DAPHNE A.	
2.3 STREET ADDRESS	8049 WHISPER LAKE LANE W.	
2.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WININGER, REBECCA F.	
3.3 STREET ADDRESS	2846 RAVINE WAY	
3.4 CITY-ST-ZIP	DUBLIN, OH 43017	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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: Randall E. Falck 4/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)