

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47635 (0)

1. Corporation Name

THE ANDREW VINCENT MESSINA FOUNDATION (INCORPORATED)

Principal Place of Business

Mailing Address

4900 PEREGRINE POINT WAY
SARASOTA FL 34231

4900 PEREGRINE POINT WAY
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0315465

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEIGH ANN MESSINA
STREET ADDRESS 4900 PEREGRINE POINT WAY
CITY-ST-ZIP SARASOTA FL

TITLE VD
NAME NICCOLAI, BILL
STREET ADDRESS 1741 OAK LAKES DR
CITY-ST-ZIP SARASOTA FL

TITLE VD
NAME COX, MARIAN
STREET ADDRESS 2495 BROWNING ST
CITY-ST-ZIP SARASOTA FL

TITLE SD
NAME GARRISON, CONNIE
STREET ADDRESS 2378 SANDRALA DR
CITY-ST-ZIP SARASOTA FL

TITLE TD
NAME COMPARETTO, DOTTIE
STREET ADDRESS 4647 STONE RIDGE TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME COMPARETTO, MARIO
STREET ADDRESS 4647 STONERIDGE TRAIL
CITY-ST-ZIP SARASOTA FL

Delete

Delete

Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

SECRETARY/TREASURER
LORIA, V. J.
4780 Country Meadows Blvd.
SARASOTA, FL 34235

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Phone #