FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

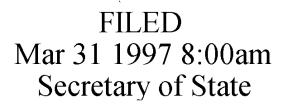
N47635

(0)

THE ANDREW VINCENT MESSINA FOUNDATION (INCORPORA TED)

Principal Place of Business 4930 PEREGRINE POINT WAY Mailing Address

4930 PEREGRINE POINT WAY SARASOTA FL 34231-3244





SAKASUTA FL 34231	DANADUIR PL 34231-3244			1	
				3. Date Incorporated or Qualified 03/02/1992	3a. Date of Last Report 07/08/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0315465	Applied For	
21 Same	26 Same		00-03 10400	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 25		30		Florida Statutes Yes No	
9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	glatered Agent
PFLUGNER, J. GEOFFREY 2033 MAIN STREET			81 Name Same		
			82 Street Address (P.O. Box Number is Not Acceptable)		
					SUITE 600
SARASOTA FL 34237		84	4 City		E 85 Zip Code
11 Pursuant to the provisions of Sections 617 0502	and 617 1508 Florida Statute	es the above	ve-named core	poration submits this statement for the p	
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was a	uthorized t	by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
T Cooffwor Delin		orida Statuti	9S.		-26-97
SIGNATURE J. Geoffrey Pflu Signature, typed or printed name of registered agent		F Registered &	nent ernosture redu	red when reinstating)	DATE
12. OFFICERS AND		13.	Best a Se seroto i octo	ADDITIONS/CHANGES TO OFFIC	p
TITLE PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME LEIGH ANN MESSINA		1.2 NAME	1		
STREET ADDRESS 4930 PEREGRINE POINT WAY			ET ADDRESS		
CITY-S1-ZIP SARASOTA FL		1.4 CITY-			
TITLE VD	DELETE	2.1 TITLE			Change Addition
NAME NICCOLAL BILL		2.2 NAME			
STREET ADDRESS 1741 OAK LAKES DR	_ ··· - · · ·		ET ADDRESS		
CITY-ST-ZIP SARASOTA FL	AAMA PI		-ST-ZIP		
TITLE VD	DELETE	3.1 TITLE			Change Addition
NAME COX, MARIAN			ı		the contract the second
			et address		
CITY-ST-ZIP SARASOTA FL		3.4. CITY			•
TITLE S	DELETE 4.1 T				Change Addition
NAME NICCOLAI, CAROLYN		4. 2 NAM			_ •
STREET ADDRESS 1741 OAK LAKES DRIVE			ET ADDRESS		
CITY-ST-ZIP SARASOTA FL		4.4 CITY			
THE T	DELETE	5.1 TITLE			Change Addition
NAME PFLOGNER, GERFFREY J	—	52 NAME			
STREET ADDRESS 2033 MAIN STREET, SUITE 60	0		ET ADDRESS		İ
CITY-ST-ZIP SARASOTA FL	-	5.4 CITY-			
TITLE	DELETE	6.1 TITLE			Change Addition
NAME	- · ·	6.2 NAME			
STREET ADDRESS			ET ADDRESS		
CITY-ST-7IP		6.4 CITY			
14. I do hereby certify that the information supplied	with this filing does not qualit			d in Section 119 07(3)(i) Florida Statutes	s. 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.