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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47635** (0)

1. Corporation Name

THE ANDREW VINCENT MESSINA FOUNDATION (INCORPORATED)

Principal Place of Business

Mailing Address

**4930 PEREGRINE POINT WAY
SARASOTA FL 34231**

**4930 PEREGRINE POINT WAY
SARASOTA FL 34231**

3. Date Incorporated or Qualified

03/02/1992

4. FEI Number

65-0315465

Applied For

Not Applicable

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
LEIGH ANN MESSINA**
STREET ADDRESS **4930 PEREGRINE POINT WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **S
NICCOLAI, CAROLYN**
STREET ADDRESS **1741 OAK LAKES DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **T
PFLOGNER, GERFFREY J**
STREET ADDRESS **2033 MAIN STREET, SUITE 600**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **Same**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Same**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Same**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME **Leteshia Bell**
4.3 STREET ADDRESS **4632 Cronin Drive**
4.4 CITY-ST-ZIP **Sarasota FL**

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME **Sherril Calkins**
5.3 STREET ADDRESS **5330 Southerly Way**
5.4 CITY-ST-ZIP **Sarasota FL**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Pflugner, Geoffrey J**
6.3 STREET ADDRESS **2033 Main Street, Suite 600**
6.4 CITY-ST-ZIP **Sarasota, FL 34230**

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:

Leigh Ann Messina (1/5/98 (941) 924-8072)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062860

CR2E037 (10/97)