


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90149 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47635					
1. Corporation Name THE ANDREW VINCENT MESSINA FOUNDATION (INCORPORATED)					
Principal Place of Business 4930 PEREGRINE POINT WAY SARASOTA FL 34231			Mailing Address 4930 PEREGRINE POINT WAY SARASOTA FL 34231		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/02/1992	
22 City & State		27 City & State		4. FEI Number 65-0315465	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 <i>Suite 101</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LEIGH ANN MESSINA				
STREET ADDRESS	4930 PEREGRINE POINT WAY				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	NICCOLAI, BILL				
STREET ADDRESS	1741 OAK LAKES DR				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	COX, MARIAN				
STREET ADDRESS	2495 BROWNING ST				
CITY-ST-ZIP	SARASOTA FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	BELL, LETESHA				
STREET ADDRESS	4632 CRONIN DR				
CITY-ST-ZIP	SARASOTA FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	CALKINS, SHERRI				
STREET ADDRESS	5330 SOUTHERLY WAY				
CITY-ST-ZIP	SARASOTA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PFLUGNER, GEOFFREY J				
STREET ADDRESS	2033 MAIN ST, SUITE 600				
CITY-ST-ZIP	SARASOTA FL 34230				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required
1/11/99 941-924-8072

CR2E037 (11/98)