SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:16
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49316** **(5)**

1. Corporation Name

HEMINGWAY DAYS EDUCATIONAL FUND, INC.

Principal Place of Business	Mailing Address
812 SOUTHARD ST ROOM 14 KEY WEST FL 33040	PO BOX 4045 KEY WEST FL 33041 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1992
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0459591 ☐ 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 ☐ — FILING FEE IS $61.25
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHALTON, MICHAEL
812 SOUTHARD ST
ROOM 14
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: WHALTON, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): ROUTE 1, BOX 510 W
83
84 City: BIG PINE KEY FL 85 Zip Code: 33043

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HEMINGWAY, DORIS	1.2 NAME	
STREET ADDRESS	1949 SE 36TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMINGWAY, LORIAN	2.2 NAME	
STREET ADDRESS	325 N 82ND	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	PLATH, JAMES	3.2 NAME	
STREET ADDRESS	1108 N CLINTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	CHADOS, RUTH	4.2 NAME	
STREET ADDRESS	32 WOODLAND PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, ANN	5.2 NAME	
STREET ADDRESS	1416 PETRONIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	WHALTON, MICHAEL	6.2 NAME	
STREET ADDRESS	623 WILLIAM ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Michael Whalton MICHAEL WHALTON 7/27/95 305/294-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006514