

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49316 (5)

1. Corporation Name

HEMINGWAY DAYS EDUCATIONAL FUND, INC.

Principal Place of Business

812 SOUTHARD ST
ROOM 14
KEY WEST FL 33040

Mailing Address

PO BOX 4045
KEY WEST FL 33041
US



3. Date Incorporated or Qualified
06/10/1992

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHALTON, MICHAEL
ROUTE 1, BOX 510W
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

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

D

NAME

HEMINGWAY, DORIS
1949 SE 36TH TERRACE
CAPE CORAL FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

HEMINGWAY, LORIAN
325 N 82ND
SEATTLE WA

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

DV

NAME

PLATH, JAMES
1108 N CLINTON
BLOOMINGTON IL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

DST

NAME

CHADOS, RUTH
32 WOODLAND PKWY
RANDOLPH MA

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

DICKINSON, ANN
1416 PETRONIA ST
KEY WEST FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

DP

NAME

WHALTON, MICHAEL
623 WILLIAM ST
KEY WEST FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

DP

NAME

WHALTON, MICHAEL
623 WILLIAM ST
KEY WEST FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Michael Whalton MICHAEL WHALTON

7/2/96 3052944440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)