

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N50294

(0)

1. Corporation Name

DR. JOHN GORRIE SCIENCE FOUNDATION OF FRANKLIN C
OUNTY, INC.

Principal Place of Business

Mailing Address

218 AVENUE "D"
APALACHICOLA FL 32320

218 AVENUE "D"
APALACHICOLA FL 32320

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

03/14/1994

4. FBI Number

59-3139634

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
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 70 - 7TH ST

26 70 - 7TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 APALACHICOLA, FL

28 APALACHICOLA, FL

Zip

Country

Zip

Country

24 32320

25

29 32320

30

FRANKLIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, J. BEN
41 COMMERCE ST.
APALACHICOLA FL 32320

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME PETTEWAY, CARL G., JR.
STREET ADDRESS 6TH ST. AT 21ST AVE.
CITY - ST - ZIP APALACHICOLA FL

TITLE D
NAME SOLOMON, MARJORIE D.
STREET ADDRESS 115 BAY AVE.
CITY - ST - ZIP APALACHICOLA FL

TITLE D
NAME FALK, HARRY H., JR.
STREET ADDRESS 218 AVE. "D"
CITY - ST - ZIP APALACHICOLA FL

TITLE DT
NAME MCCOY, ROSE E.
STREET ADDRESS 70 - 7TH ST.
CITY - ST - ZIP APALACHICOLA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95 (59-3139634)