FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N51155

(2)

TAX CAP FOUNDATION, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							r arad Atak		01311 1881
194 S. Atlant IEW Shiyrna B	TC AVE. BEACH FL 32189	4194 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169-3711							
						3. Date Incorporated or Qualified 09/29/1992		ale of Last Ro 06/17/1996	
2. Principal	Place of Business	2a. Mailing Address	 			4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
Sulte, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No			
<u> </u>	9. Name and Address of Curre		301			10. Name and Address of New Re			
			- 1	31	Name				
	H, DAVID Atlantic ave.		Ī	B2	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	YRNA BEACH FL 32169		[6	33					
				84	City		FL	85 Zip 0	Code
office or agent. I SIGNATURE						rporation submits this statement for the pation's board of directors. I hereby acce		f changing its	s registered registered
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	Agen	it signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS ANI	D DIRECTOR	S IN 12
TITLE	D	☐ DELETE 1.1 T		1 TITLE				☐ Change	☐ Addition
NAME	BIDDULPH, DAVID L.		1.2 NAM	Æ					
STREET ADDRESS	444. 4. (1) = 4. (1) a . (1) a .				ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL	DELETE	1.4 CITY 2.1 TITL		- ZIP			Change	Addition
NAME	BIDDULPH, BERNA S.	-		2.2 NAME				C Change	C. Addition
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL		\$. 4 CiT	Y- S]	1- 2 IP	· · · · · · · · · · · · · · · · · · ·			
TITLE	D	DELETE	\$.5 TITL	E				Change	Addition
NAME	SCHULTE, GEORGE		3.2 NAN						
STREET ADDRESS CITY-ST-ZIP	1235 CORAL WAY MIAMI FL 33134-4778		\$.3 STR \$.4. CIT		ADORESS				
TITLE	MV44110	DELETE	8.4. CIT 8.1 TITL		1-ZIF			Change	☐ Addition
NAME	1		#. 2 NAI						
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			A.4 CITY		- ŽIP				
TITLE		DELETE	6.1 TITL					L Change	☐ Addition
NAME STREET ADDRESS			5.2 NAN		ADDOCOC .				
STREET ADDRESS CITY-ST-ZIP]				ADDRESS				
TITLE	 	☐ DELETE	5.4 CITY 6.1 TITU		- 211			Change	Addition
NAME		-	16.2 NAN		}				
STREET ADDRESS		•			NUDECC				

14. To 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under eath; 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 12 thanged, of on an attachment with an address.

SIGNATURE: 4

COUNTY OF

4-31-57