FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N9200000561 (2)

JOHN C. UPDIKE CHARITABLE FOUNDATION, INC.

Principal Plans	o of Purupose	Mailton Address								
Principal Place of Business		Malia Ig Address	Mailing Address			,				
P.O. BOX 231 LAKE WALES FL 33859-0231		P.O. BOX 231 LAKE WALES FL 33859-0231								
						3. Date Incorporated or Qualified 11/30/1992	3a. Dat	e of Last 1/31/1	t Report 1996	
2. Principat Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 59-3153233		+	Applied For Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip Co		Countr	Country		8. This corporation has liability for in	tangible t	ax unde	r s. 199.032,	
24	25	29	30			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent	81	l No		10. Name and Address of New Reg	istered A	gent		
LIODUCE	4 111 DE 10E 0		6'	INA	me					
	LAWRENCE C		82 Street Ac			ss (P.O. Box Number is Not Acceptabl	e)			
	IGHWAY 60 EAST ALES FL 33859-0231		83	1						
			84	Cit	у		FL	65 Z	ip Code	
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508, Florida Statut	es, the abov	L /e-nar	ned corpo	ration submits this statement for the pu		LLL	a its registered	
office or ri	egistered agent, or both, in the State in familiar with, and accept the oblid	of Florida Such change was a	authorized b	y the	corporatio	n's board of directors. I hereby accep-	the appo	intment	as registered	
	The training that the books are being	(anono 0), anono 0 11 .0000, 1 K	onda Glaidio							
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tille if applicable. (NOT	E Registered Ag	jent sign	nature required	when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TOTLE	DP	[_] DELETE	1.1 TITLE				Ł	Chang	ge 🔲 Addition	
NAME	UPDIKE, JOHN C		1.2 NAME							
STREET ADDRESS	5937 HWY 60 EAST		1.3 STREE	T ADDR	ESS					
CITY - ST - ZIP	LAKE WALES FL 33853		1.4 CITY-	ST-ZIP						
TOTLE	DST HEARING	DELETE	2.1 TITL€				L	Chang	ge []] Addition	
NAME	UPDIKE, JEAN S		2.2 NAME							
STREET ADDRESS	5937 HWY 60 EAST LAKE WALES FL 33853		2.3 STREE		1					
CITY-ST-ZIP TITLE	DV	DELETE	2. 4 CITY- 3.1 TITLE	·ST-ZIP				Chang	ne Addition	
NAME	UPDIKE, JOHN C JR.			3.2 NAME				Chang	ic	
STREET ADDRESS	PAGE LINEY OF FACT			3.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY-							
TITLE	D	DELETE	4.1 TITLE	31-211				Chang	e Addition	
NAME	TAYLOR, LETTA J		4. 2 NAME				•	,		
STREET ADDRESS	5937 HWY 60 EAST		4.3 STREE		ESS					
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-							
TITLE	D	☐ DELETE	5.1 TITLE				I	Chang	ge Addition	
NAME	CLEGG, KATHERINE U		5.2 NAME					•		
STREET ADDRESS	5937 HWY 60 EAST		5.3 STREE	T ADDR	ESS					
CITY-ST-ZIP	LAKE WALES FL 33853		5.4 CITY-	ST-ZIP						
TITLE	D	☐ DELETE	6.1 TITLE					Chang	ge 🔲 Addition	
NAME	KNIGHT, PEGGY U		6.2 NAME							
STREET ADDRESS	5937 HWY 60 EAST		6.3 STREE	T ADDR	ESS					
CITY+ST-ZIP	LAKE WALES FL 33853		6.4 CITY-							
informatio	ri indicated on this annual report or :	supplemental annual report is t	rue and acc	urate	and that r	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 617, Florida St	effect as i	f made	under oath: that	

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

(941) 696-1487

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone # 0054059