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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000561

1. Corporation Name

JOHN C. UPDIKE CHARITABLE FOUNDATION, INC.

Principal Place of Business

P.O. BOX 231
LAKE WALES FL 33859-0231

Mailing Address

P.O. BOX 231
LAKE WALES FL 33859-0231



2. Principal Place of Business

21 68 Mammoth Grove Road

Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 33853 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 33853 30

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3153233

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

9. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C
5937 HIGHWAY 60 EAST
LAKE WALES FL 33859-0231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
68 Mammoth Grove Road

83

84 City

FL

85 Zip Code
33853

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 DP ☒ DELETE
NAME UPDIKE, JOHN C
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE DST ☐ DELETE
NAME UPDIKE, JEAN S
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE DV ☐ DELETE
NAME UPDIKE, JOHN C JR.
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME TAYLOR, LETTA J
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME CLEGG, KATHERINE U
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME KNIGHT, PEGGY U
STREET ADDRESS 5937 HWY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 68 Mammoth Grove Road
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 68 Mammoth Grove Road
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DP
4.3 STREET ADDRESS 68 Mammoth Grove Road
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 68 Mammoth Grove Road
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 68 Mammoth Grove Road
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

(941) 696-1487
Daytime Phone #

CR2E037 (1/98)