

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000670 (1)

1. Corporation Name

B.C.D.S. ALUMNI FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1069 MAIN ST
SEBASTIAN FL

1069 MAIN ST
SEBASTIAN FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3160969

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 ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LULICH, STEVEN
1069 MAIN ST
SEBASTIAN FL**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ABEL, CRAIG P
STREET ADDRESS	851 E STATE RD 434
CITY- ST- ZIP	LONGWOOD FL 32750
TITLE	D
NAME	EGGNATZ, LEE
STREET ADDRESS	3705 GARFIELD ST
CITY- ST- ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	FISCHER, HENRY A
STREET ADDRESS	10725 US #1
CITY- ST- ZIP	SEBASTIAN FL 32958
TITLE	D
NAME	MEDINA, JOSE
STREET ADDRESS	5002 NW 18TH PL
CITY- ST- ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	STANLEY, HAROLD
STREET ADDRESS	2 SEA OAKS TER
CITY- ST- ZIP	OMOND BY THE SEA FL 32178
TITLE	D
NAME	GOODREAU, GEORGE
STREET ADDRESS	516 N MCARTHUR AVE
CITY- ST- ZIP	PANAMA CITY FL 32401

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	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. FISCHER

4/12/95

407-589-1317