

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000670 (1)

1. Corporation Name

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

Principal Place of Business

1069 MAIN ST
SEBASTIAN FL

Mailing Address

1069 MAIN ST
SEBASTIAN FL



3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
04/27/1995

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

LULICH, STEVEN
1069 MAIN ST
SEBASTIAN FL

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABELI, CRAIG P
STREET ADDRESS 851 E STATE RD 434
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ DELETE

NAME EGGNATZ, LEE
STREET ADDRESS 3705 GARFIELD ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE

NAME FISCHER, HENRY A
STREET ADDRESS 10725 US #1
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ DELETE

NAME MEDINA, JOSE
STREET ADDRESS 5002 NW 18TH PL
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME STANLEY, HAROLD
STREET ADDRESS 2 SEAOAKS TER
CITY-ST-ZIP OMOND BY THE SEA FL 32176

TITLE D ☐ DELETE

NAME GOODREAU, GEORGE
STREET ADDRESS 516 N MCARTHUR AVE
CITY-ST-ZIP PANAMA CITY FL 32401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000001826740
-05/20/96--01003--029
***200.00

☐ Change ☐ Addition

☐ Change ☒ Addition

5-16-96
JR

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)(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. FISCHER

Date

Daytime Phone #

4/26/96

407-589-8579

CR2E037 (12/95)