FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 26 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000 436

1. Corporation Name
BEL CANTO FOUNDATION, INC.

Principal Place of Business	Mailing Address
7406 Fullerton St. Suite 106 Jacksonville, FL 32256	450 Osprey Point Ponte Vedra Beach FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 03/19/94
4. FEI Number: 59-3179000 ☐ 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

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country
7406 Fullerton St.	Suite 106	Jacksonville, FL 32256	32256	Duval

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
450 Osprey Point	Ponte Vedra Beach	FL 32082	32082	St. Johns

9. Name and Address of Current Registered Agent

Marinucci Anthony F.
5627 Atlantic Blvd.
Suite 4
Jacksonville, FL 32207

10. Name and Address of New Registered Agent

81 Name: Marinucci, Anthony F.
82 Street Address (P.O. Box Number is Not Acceptable): 7406 Fullerton St.
83: Suite 106
84 City: Jacksonville FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	Thornton Barbara	1.2 NAME	200001524942
STREET ADDRESS	450 Osprey Point	1.3 STREET ADDRESS	-06/27/95--01114--010
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	Hartmann Frank	2.2 NAME	
STREET ADDRESS	4600 Middleton Park Circl #706 B	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32224	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D ☐ Change ☐ Addition
NAME		3.2 NAME	Marinucci, Anthony F.
STREET ADDRESS		3.3 STREET ADDRESS	7406 Fullerton St. Suite 106
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAIL

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)(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.

SIGNATURE: Barbara S. Thornton Barbara Thornton 6/1/95 904-285-2752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #