FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N93000000436 (6)

BEL CANTO FOUNDATION, INC.

Principal Pla	ce of Business	ŭ	Mailing Address 450 OSPREY POINT						
SUITE 106 PONTE VEDRA BEACH FL 32082				2-3522		· ·			
JACKSONVILLE FL 32256						3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1993			eport 16
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3179000		Ap	plied For	
21							No	t Applicable	
Suite, Apt	! #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Fee Re	Additional quired	
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added I		
Zip	Country	Zip		Country		8. This corporation has liability for in			199.032,
24	25	29	30				Yes X		
Name and Address of Current Registered Agent						10. Name and Address of New Reg	elstered Age	nt	
				81	Name				
MARINUCCI, ANTHONY F				82 Street Address (P.O. Box Number is Not Acceptable)					
7406 FULLERTON ST, SUITE 106 JACKSONVILLE FL 32256									
			83						
			84	City		85 Zip Code			
					•		FL	<u> </u>	
l office or	registered agent, or both, in the S am familiar with, and accept the ol	tate of Florida, Such char bligations of, Section 617.	nge was autho .0503, Florida	Statutes	the corpo	orporation submits this statement for the proration's board of directors. I hereby accep	t the appoin	anging It ment as	s registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DECTOR	C IN 12
12.	OFFICERS AND DIRECTORS DELETE					ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	D PLONITON DADDADA	E DECEIE		1.1 TITLE			_	Oriango	L_I Addition
NAME	THORNTON, BARBARA			1.2 NAME					
STREET ADDRESS	ILLET YOURIESS			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 C/TY-S	T-ZIP			Change	Addition
TITLE	D	DELETE		21 TITLE			<u> </u>	Change	T" MODITION
NAME	HARTMANN, FRANK			2.2 NAME					
Children and the control of the cont				2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-5	ST-21P				

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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.

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MARINUCCI, ANTHONY F

JACKSONVILLE FL 32256

7406 FULLERTON ST.

JURED

DELETE

DELETE

DELETÉ

DELETE

Barbara Thornton 1/30/97

FILED

Feb 05 1997 8:00am

Secretary of State

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Change

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