

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 # N93000000871 (4)

1. Corporation Name

B.A.D.G.E. FOUNDATION, INC.

Principal Place of Business

3208 E. COLONIAL DR.
#208
ORLANDO FL 32803

Mailing Address

3208 E. COLONIAL DR.
#208
ORLANDO FL 32803



3. Date Incorporated or Qualified
03/12/1993

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

2. Principal Place of Business

2a. Mailing Address

21 3208 E. Colonial Dr.

26 3208 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #208

27 #208

City & State

City & State

23 ORLANDO FLORIDA

28 ORLANDO FL.

Zip

Country

Zip

Country

24 32803

25 ORANGE

29 32803

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABBY, ROBERT
708A E. CHURCH ST.
ORLANDO FL 32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LABBY, ROBERT
STREET ADDRESS 708A E. CHURCH ST.
CITY-ST-ZIP ORLANDO FL 32801

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME PTACEK, MICHAEL
STREET ADDRESS 1030 GREGORY DR.
CITY-ST-ZIP MAITLAND FL 32751

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CHILDS, ROBERT
STREET ADDRESS 1401 W. MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32805-6123

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Labby

2-29-96

(407) 423-2765

Date

Daytime Phone

CR2E037 (12/95)