## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 S
DOCUMENT # N93

N93000001728 (5)

THE JANICE HOPE SCHONWETTER FOUNDATION, INC.

Principal Place of Business Mailing Address 8111 BAY COLONY DR., #501 8111 BAY COLONY DR., #501 NAPLES FL-83963-NAPLES FL 34108-8591 3a. Date of Last Hepo. 03/08/1996 34108-8591 3. Date Incorporated or Qualified 04/19/1993 2. Principal Place of Business 2a. Mailing Address Applied For 65-0441315 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees  $Z_{1D}$ Country  $Z_{(0)}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 🗌 Yes 🙀 No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHANGE SANICE SARAH -- SCHONWETTER, JANICE 82 Street Address (P.O. Box Number is Not Acceptable) #501 8111 BAY COLONY DR., #501 COLON 63 NAPLES FL 33963 84 City Zip Code 34/08-859/ 85 NADLES 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 familial with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE TITLE 1.1 TITLE Change SCHONWETTER, JANIOE SANICE SARAH HOPE NAME 1.2 NAME 8111 BAY COLONY DR., #501 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33963 ---- 3 4 10 8 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition SHERMAN, MORRIS M NAME 2.2 NAME 150 S. 5TH ST., STE. 2300 STREET ADDRESS 2.3 STREET ADDRESS MINNEAPOLIS MN 55402 CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition BROWN, JUDITH NAME 3.2 NAME 8400 NORMANDALE LAKE BLVD., STE. 1700 B STREET ADDRESS 3.3 STREET ADDRESS **BLOOMINGTON MN 55437** CITY - ST - 71P 3.4 CITY-ST-7iP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

SIGNA

6.4 CITY-ST-ZIP