

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # **NA3000002213**

1. Corporation Name  
**Diane Kip Turner Charitable Foundation, Inc.**

Principal Place of Business

Mailing Address

**P.O. Box 117  
Lake land, FL 33802**

2. Principal Place of Business

2a. Mailing Address

**1930 High Glen Courts**

**P.O. Box 117**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**Lakeland, FL**

**Lake land, FL**

Zip

Country

Zip

Country

**33813**

**USA**

**33802**

**USA**

3. Date Incorporated or Qualified

**1/93**

3a. Date of Last Report

**1996**

4. FEI Number

**65-0417972**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**E. Snow Martin, Jr.  
200 Lake Morton Dr.  
Lakeland, FL 33801**

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 ☐ DELETE

**Director  
Diane K. Turner  
1930 High Glen Ct.  
Lakeland, FL 33813**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**Patricia A. Turner  
1836 N. Crystal Lake Dr.  
Lakeland, FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**Douglas C. Jarnigan  
5231 Glenmore  
Lakeland, FL 33813**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**400002193244  
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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: **Diane Kip Turner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)