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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000002256 (6)

1. Corporation Name

THE D.R. ROADMAN FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1993	3a. Date of Last Report 07/26/1994
4. FEI Number 65-0502735	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	

2. Principal Place of Business	2a. Mailing Address
21 10 Central Parkway Suite, Apt. #, etc. 22 Suite 400 City & State 23 Stuart Florida Zip 24 34994	25 10 Central Parkway Suite, Apt. #, etc. 26 Suite 400 City & State 27 Stuart, Florida Zip 28 34994 Country 29 USA

9. Name and Address of Current Registered Agent

HARVIN, WESLEY R ESQ.
900 E. OCEAN BLVD.
SUITE 210-B
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name Wesley R. Harvin, ESQ.	85 Zip Code 34994
82 Street Address (P.O. Box Number is Not Acceptable) 10 Central Parkway	
83 Suite 400	
84 City Stuart	85 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSTON, PENNY	1.2 NAME	
STREET ADDRESS	786 N.W. 10TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34996	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JOHN	2.2 NAME	
STREET ADDRESS	1032 N.E. SANTA CRUZ LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARVIN, WESLEY R	3.2 NAME	
STREET ADDRESS	3959 S.W. MARLIN DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	3.4 CITY - ST - ZIP	
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	

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 110.07(3)(b), 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: **Penny Marston**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 407-221-2726

Date

Telephone Number