

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:11

DOCUMENT # N93000003144 (3)

1. Corporation Name

SMALL CHANGE FOR CHARITY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3117 SOUTHEAST 12TH STREET
OCALA FL 34471

3117 SOUTHEAST 12TH STREET
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3191450

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)

\$68.75 Supplemental
Fee Not Required

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

AYRES, BENJAMIN H
3117 SOUTHEAST 12TH STREET
OCALA FL

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 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 tag if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROSSITER, PAUL
STREET ADDRESS 12055 SOUTHEAST 1ST STREET ROAD
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE D
NAME TIMMEL, FREDERICK W
STREET ADDRESS 3133 SOUTHEAST 12TH STREET
CITY-ST-ZIP Ocala FL 34471

TITLE D
NAME LAMM, BARBARA
STREET ADDRESS 1223 NORTH LOMBARDO AVENUE
CITY-ST-ZIP LECANTO FL 34461

TITLE D
NAME FISCHER, ROBERT
STREET ADDRESS 9 SILVER TERRACE
CITY-ST-ZIP Ocala FL 34472

TITLE D
NAME UNRUH, DANA L
STREET ADDRESS 4811 NORTHEAST 13TH STREET
CITY-ST-ZIP Ocala FL 34471

TITLE DS
NAME WEIDLER, GUDRUN
STREET ADDRESS 3117 SE 12 ST
CITY-ST-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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 addressee.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/7/95 904-694-1957