## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

(813)

933-1929

01/17/97

SIEGEL

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N93000003829 (9) DOCUMENT # 1. Corporation Name

CORPORAL LARRY SIEGEL FOUNDATION, INC.

B714 HIGHLAND AVE. N. 871 TAMPA FL 33604-1333 TA		Mailing Address			4 ABBILION DID FBITOR AINI BALLI DANI DARFI DENI BOTOS FRIAL IDAND NOTO FBIL FORL		
		8714 HIGHLAND AVE. N. TAMPA FL 33604-1333					
		US		3. Date Incorporated or Qualified 08/19/1993	3a. Date of Last Report 06/15/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ar	plied For
21 26					59-3221323	X No	t Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ <b>24</b>	Zip         Country         Zip           25         29			Country  8. This corporation has liability for intangible tax under s. 19 Florida Statutes  Yes No		. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
1				81 Name			
SIEGEL,	LARRY		-	82 Street Address (P.O. Box Number is Not Acceptable)			
	BHLAND AVE. N.					<u> </u>	
TAMPA FL 33604-1333				B3			
I			Ī	B4 City		85 Zip (	Code
		00 1047 (600 61 11 01				FL " 2"	
office or re agent. Lai	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was pations of, Section 617.0503, I	s authorized Florida Statu	by the corpora ites.	rporation submits this statement for the pation's board of directors. I hereby acceptions	pt the appointment as	registered
SIGNATURE							,
	Signature typed or printed name of registered ag			Agent signature requ	uired when reinstating)	DATE	20 111 40
12.	D OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TiT	E T	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	Addition
	BLAIR, BRIAN					L Citaliya	Addition
NAME STREET ADDRESS	7815 NORTH DALE MABRY I	HIGHWAY	1.2 NA	neet address			
CITY-ST-ZIP	TAMPA FL 33614	IMITITAL		Y-ST-ZIP			
TITLE	D	DELETE	2.1 TIT		***************************************	☐ Change	Addition
NAME	GASQUE, BRAD	<u> </u>	2.2 NA				-
STREET ADDRESS	8515 N. BRADDOCK AVENU	E		REET ADDRESS			
CITY-ST-ZIP	TAMPA FL	-		IY-ST-ZIP			
TITLE	P	DELETE	3.1 TIT			Change	Addition
NAME	SIEGEL, LARRY		3.2 NA	ME		_ ,	
STREET ADDRESS	8714 HIGHLAND AVE., N.		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33601-1333		3.4. CO	TY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TIT	·····		Change	Additio
NAME	traina, angelo		4. 2 NA	ME			
STREET ADDRESS	3426 15TH STREET		4.3 STI	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33607		4.4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	5.1 <b>T</b> IT	LE		☐ Change	Additio
NAME	BENJAMIN, LEERONE		5.2 NA	ME			
STREET ADORESS	4410 BOY SCOUT BLVD.		5.3 ST	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33607			Y-ST-ZIP	·····		1000000
TITLE		☐ DELETE	6.1 <b>T</b> IT			Change	Addition
NAME			6.2 NA	-			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP		I to do the		Y-ST-ZIP		17.00	
informatic	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empt	s true and a owered to e	ccurate and th	ed in Section 119.07(3)(i). Florida Statute at my signature shall have the same leg ort as required by Chapter 617, Florida in the same leg ort as required by Chapter 617, Florida in the same leg of the same leg or same le	al effect as if made un	ider oath: th