

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004324 (0)

1. Corporation Name

ALL AMERICAN FOUNDATION, INC.



Principal Place of Business

Mailing Address

311 S. CALHOUN STREET
SUITE 201
TALLAHASSEE FL 32301
US

%HUME COLEMAN
PO DRAWER 810
TALLAHASSEE FL 32302

2. Principal Place of Business

2a. Mailing Address

21 313 Williams Street

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #7

27

City & State

City & State

23 Tallahassee, FL

28

Zip

Country

Zip

Country

24 32303

25 USA

29

30

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

04/12/1995

4. FEI Number

59-3213115

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

HUME, TERRY
1898 MARYELLEN DRIVE
TALLAHASSEE FL 32303

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

NAME
D WILLIAMS, THOMAS
STREET ADDRESS
PO BOX 1577 N/A
CITY - ST - ZIP
THOMASVILLE GA 31799

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
D CAMPS, JOE
STREET ADDRESS
1315 HODGES DRIVE
CITY - ST - ZIP
TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

T/S/D

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME
D MILLER, ANDY
STREET ADDRESS
PO BOX 1353 N/A
CITY - ST - ZIP
TALLAHASSEE FL 32302

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
D ECKERD, JACK
STREET ADDRESS
100 N STARCREST DRIVE
CITY - ST - ZIP
CLEARWATER FL 34625

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
D GRIFFIN, BILL
STREET ADDRESS
PO BOX 1598 N/A
CITY - ST - ZIP
SARASOTA FL 34230-1598

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
P HART, ED
STREET ADDRESS
465 PARK AVENUE
CITY - ST - ZIP
BELLEAIR FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated in 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

904/942-7150

Date

Daytime Phone #

CR2E037 (12/95)