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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USHUME COLEMAN
PO DRAWER 810
TALLAHASSEE FL 32302-08103. Date Incorporated or Qualified
09/24/19933a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21 313 Williams Street

26 313 Williams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #7

27 #7

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

24 Zip
3230325 Country
USA29 Zip
3230330 Country
USA

4. FEI Number

59-3213115

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 D
NAME WILLIAMS, THOMAS
STREET ADDRESS PO BOX 1577 N/A
CITY-ST-ZIP THOMASVILLE GA 31709☐ DELETE1.1 TITLE D
1.2 NAME MAYHEW, MARTIN
1.3 STREET ADDRESS 1193 Shipwatch Circle
1.4 CITY-ST-ZIP Tampa, FL 33647☐ Change☒ AdditionTITLE DST
NAME CAMPS, JOE
STREET ADDRESS 1315 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME MILLER, ANDY
STREET ADDRESS PO BOX 1353 N/A
CITY-ST-ZIP TALLAHASSEE FL 32302☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME ECKERD, JACK
STREET ADDRESS 100 N STARCREST DRIVE
CITY-ST-ZIP CLEARWATER FL 34625☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☒ AdditionTITLE D
NAME GRIFFIN, BILL
STREET ADDRESS PO BOX 1598 N/A
CITY-ST-ZIP SARASOTA FL 34230-1598☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE P
NAME HART, ED
STREET ADDRESS 465 PARK AVENUE
CITY-ST-ZIP BELLEAIR FL☐ DELETE6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe D. Hume, M.D.

2/19/97

904/309-0500

Daytime Phone # 0000150

CR2E037 (9/96)