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Mar 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005445 (2)

1. Corporation Name

JSR FOUNDATION, INC.

Principal Place of Business

Mailing Address

240 N. WASHINGTON BLVD.
SUITE 400
SARASOTA FL 34236

240 N. WASHINGTON BLVD.
SUITE 400
SARASOTA FL 34236-5829



2. Principal Place of Business

2a. Mailing Address

21 240 N. WASHINGTON BLVD

26 240 N. WASHINGTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 500

27 # 500

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34236

25

29 34236

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
03/04/1996

4. FEI Number

65-0454638

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

10. Name and Address of New Registered Agent

WOOD, JOHN R
240 N. WASHINGTON BLVD.
SUITE 400 500
SARASOTA FL 34236

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME RICHARDSON, JOAN S

1.2 NAME

STREET ADDRESS 950 E. ILLINOIS RD.

1.3 STREET ADDRESS

CITY-ST-ZIP LAKE FOREST IL 60045

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SCUDDER, STUART

2.2 NAME

STREET ADDRESS 712 ELVIRA

2.3 STREET ADDRESS

CITY-ST-ZIP REDONDA BEACH CA

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME SCUDDER, YARDA D

3.2 NAME

STREET ADDRESS 207 VIA LOS MIRADORES

3.3 STREET ADDRESS

CITY-ST-ZIP REDONDA BEACH CA

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MCDONALD, BRUCE A.

4.2 NAME

STREET ADDRESS 502 MONROE AVENUE

4.3 STREET ADDRESS

CITY-ST-ZIP GLENCOE IL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

VP BARRETT SCUDDER
207 Via Los Miradores
Redonda Beach, CA 90277

TITLE ☐ DELETE

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 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: Bruce A. McDonald - Bruce A. McDonald / 3/17/97 / (847) 835-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061236

CR2E037 (9/96)