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

1995 MAY 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000005514 (5)

1. Corporation Name

M. LEE ENDICOTT FOUNDATION, INC.

Principal Place of Business	Mailing Address
9536 PRINCETON SQUARE UNIT 405 /// JACKSONVILLE FL 32256 US	9536 PRINCETON SQUARE UNIT 405 /// JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 12/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214159 ☐ 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) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ENDICOTT M LEE
9536 PRINCETON SQUARE
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: MARILYN L. ENDICOTT
82 Street Address (P.O. Box Number is Not Acceptable): 9536 PRINCETON SQUARE
83: UNIT 111
84 City: JACKSONVILLE FL 85 Zip Code: 32256

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: M. Lee Endicott (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☑ Change ☑ Addition
NAME	ENDICOTT M LEE	12 NAME	B.A. WHEELHOUSE
STREET ADDRESS	9536 PRINCETON SQ UNIT 405	13 STREET ADDRESS	5981 WASHINGTON, #213
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	KRUPA DIANE	22 NAME	KRUPA, DIANE E
STREET ADDRESS	1558 CLEARBROOK ST	23 STREET ADDRESS	1558 CLEARBROOK ST
CITY-ST-ZIP	SEBASTIAN FL	24 CITY-ST-ZIP	SEBASTIAN, FL
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	PHILLIPS SUSAN	32 NAME	PHILLIPS, SUSAN E.
STREET ADDRESS	250 W SAMPLE RD UNIT B 201	33 STREET ADDRESS	3004 NW 3RD AVE #107
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	C	41 TITLE	C ☐ Change ☐ Addition
NAME	ENDICOTT M LEE	42 NAME	ENDICOTT, MARILYN L.
STREET ADDRESS	9536 PRINCETON SQ UNIT 405	43 STREET ADDRESS	9536 PRINCETON SQ UNIT 111
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TMW 5/19/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: M. Lee Endicott 4/8/95 (904) 733-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M. LEE ENDICOTT

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