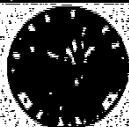


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000000416 (7)

1. Corporation Name

JIM RUTLEDGE SARCOMA CANCER RESEARCH FUND, INC.

**APPROVED
AND
FILED**

95 APR 18 PM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1933 GLENN LAKE CIR N
ST PETERSBURG FL 33702**

Mailing Address

**1933 GLENN LAKE CIR N
ST PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

4/1/95

4. FEI Number

59-3230168

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 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

31

2a. Mailing Address

36

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RUTLEDGE, J. MARK
1933 GLENN LAKE CIR N
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **RUTLEDGE, J. MARK**
STREET ADDRESS **1933 GLENN LAKE CIR N**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **SD**
NAME **RUTLEDGE, MANDY**
STREET ADDRESS **1933 GLENN LAKE CIR N**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **VD**
NAME **RUTLEDGE, SANDRA**
STREET ADDRESS **1883 TANGLEWOOD DR NE**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **VD**
NAME **GOODING, SANDRA**
STREET ADDRESS **3408 W PALMIRA AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **TD**
NAME **GOODING, JON**
STREET ADDRESS **3408 W PALMIRA AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Mark Rutledge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

Date

68-025-7716

Signature Number