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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N94000000416 (7) DOCUMENT #

1. Corporation Name

JIM RUTLEDGE SARCOMA CANCER RESEARCH FUND, INC.

Principal Place of Business						
1933	GI ENN	LIAKE	CIR N			

Mailing Address



	URG FL 33702		1933 Glenn lake Ci St Petersburg Fl							
						3. Date Incorporated or Qualifie 01/18/1994	ed <b>3a</b> . Da	te of Last <b>)4/18/1</b> 9	Report 995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	$\dashv$	
21 BIDZ WHITE PIME OR NE		26 BUZ MINTE AME CIR NE			59-3230168		<b>├</b> ── <b>┼</b>	Not Applicable		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	1				$\overline{}$	Additional	+
22		27			5. Certificate of Status Desired			Required		
City & Stat		_	City & State			6. Election Campaign Financing	<u> </u>	\$5.0	0 May Be	
23 57.	PUE,	<u>FL</u>	28 St. Pite	ITL		Trust Fund Contribution	" D		d to Fees	
Zip 3.3	ے جند	Country	Zip		untry	8. This corporation has liability	for intangible ta	x under s.	199.032,	_
24 55.	120		29 33703	30	<u>054</u>	Florida Statutes	☐ Yes 🖼	No		
	9. Name an	d Address of Current	t Hegistered Agent		81 Name	10. Name and Address of Ne	w Registered A	igent		
	GE, J. MARK ENN LAKE CI	D Ni			82 Street	LECK: T. MARK Address (P.O. Box Number is Not Accep	otable)	<del>-</del>		-
	RSBURG FL				83 S	2 WHITE PIACIRK	JE			
	obona r L .	301 UE			63					
44.0		(6)			84 City.	, Perensylvan	FL	1 2	Code 3703	
or registe familiar w	to the provisions red agent, or bo th, and accept t	s of Sections 617.0502 th, in the State of Florid he obligations of, Section	and 617.1508, Florida Stat. la. Such change was author on 617.0503, Florida Statute	ites, the abo ized by the is.	ove-named co corporation's	orporation submits this statement for the board of directors. I hereby accept the a	purpose of chai appointment as i	nging its registered	egistered office agent. I am	•
SIGNATURE		nnted name of registured agent a	and fire Capplicatile (			aured when reirs aling)	311619 DATE	15		_
12.	PD	OFFICERS AND	717-14	13.		ADDITIONS/CHANGES TO C			RS IN 12	_ શ્
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CITY - ST - ZIF	SO	BURG FL 33702			ITY-ST-ZIP	SI, PATE, TO 3370	<u>3</u>			CR2E037
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NAME	RUTLEDGE	SANDRA	DEFELE	3 1 Ti	j			]] Change	Addition	
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	4	BURG FL 33702			TREET ADDRESS					
CITY-ST-ZIP TITLE	VD		DELETE	3 4 C	ITY-ST-ZIP			Ten.	F 1	4
NAME	GODING, S	ANDRA	Doctor			Labore Commit	دا	Change	Addition	
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CITY-ST-ZIP					REET ADDRESS				سو م	1
	v certify that the	information supplied wi	ith this filing is valuntarily fun		TY - ST - ZIP	if for the				_[

I do hereby cerbfy 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 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 PHINTED NAME OF SIGNING OFFICER ON DIRECTOR

C13 835 776