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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N94000000416 (7)**

1. Corporation Name

JIM RUTLEDGE SARCOMA CANCER RESEARCH FUND, INC.

Principal Place of Business

Mailing Address

**5102 WHITE PINE CIR N.
ST PETERSBURG FL 33703****5102 WHITE PINE CIR N.
ST PETERSBURG FL 33703-6211**3. Date Incorporated or Qualified
01/18/19943a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 1257 SNELL ISLE BLVD NE**26 1257 SNELL ISLE BLVD NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 ST. PETERSBURG, FL**28 ST. PETERSBURG, FL**

Zip

Country

Zip

Country

24 33704**29 33704****25 USA****30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUTLEDGE, J. MARK
5102 WHITE PINE CIR N.
ST PETERSBURG FL 33703**

81 Name

RUTLEDGE, J. MARK

82 Street Address (P.O. Box Number is Not Acceptable)

1257 SNELL ISLE BLVD. N.E.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33704

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

J. Mark Rutledge
Signature, typed or printed name of registered agent available if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RUTLEDGE, J. MARK**
STREET ADDRESS **5102 WHITE PINE CIR N.**
CITY-ST-ZIP **ST PETERSBURG FL 33703**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **RUTLEDGE, J. MARK**
1.3 STREET ADDRESS **1257 SNELL ISLE BLVD NE**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**TITLE **SD** ☐ DELETE
NAME **RUTLEDGE, MANDY**
STREET ADDRESS **5102 WHITE PINE CIR N.**
CITY-ST-ZIP **ST PETERSBURG FL 33703**2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **RUTLEDGE, MANDY**
2.3 STREET ADDRESS **1257 SNELL ISLE BLVD NE**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**TITLE **VD** ☐ DELETE
NAME **RUTLEDGE, SANDRA**
STREET ADDRESS **1863 TANGLEWOOD DR NE**
CITY-ST-ZIP **ST PETERSBURG FL 33702**3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **RUTLEDGE, SANDRA**
3.3 STREET ADDRESS **5102 WHITE PINE CIR N**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**TITLE **VD** ☐ DELETE
NAME **GODING, CINDY**
STREET ADDRESS **3408 W PALMIRA AVE**
CITY-ST-ZIP **TAMPA FL 33629**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **TO** ☐ DELETE
NAME **GODING, JON**
STREET ADDRESS **3408 W PALMIRA AVE**
CITY-ST-ZIP **TAMPA FL 33629**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

J. Mark Rutledge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/1/97**

Date

Daytime Phone # 0050003

CR2E037 (9/96)