FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Mortharh Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

N9400001220 (2)

	AND FAMILY FOUNDATION				
Prigcipal Plac	e of Business	Mailing Address			The Anti- Maint frait Aint Aint affic inne
2728 PABLO AVENUE TAILAHASSEE FL 32308 UB		2728 PABLO AVENUE TALLAHASSEE FL 32308-4211 US			
				3. Date Incorporated or Qualified 03/11/1994	3a. Date of Last Report 05/01/1996
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number 59-1696847	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	26 Zip	Country	Trust Fund Contribution 8. This corporation has liability for its	
24	26	- ├ `	30		Yes XNo
<u> </u>	9. Name and Address of Curre			10. Name and Address of New Re	
			81 Name	Richard Model Kall	
CARD, C	HRISTOPHER J		82 Street A	Address (B.O. B.O. N. Abbas is A.O. Appariate	No.
	BLO AVENUE		82 Street A	Address (P.O. Bh) Nuthber is NH Acceptable 2 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10) *)
TALLAHASSEE FL 32308			83		
Trapera P	10000				100
•		_ /	84 City	Tallahasspe	FL 85 33/308
11. Pursuant	to the provisions of Sections 617.05	and 617 508, Florida Statutes	s, the above-named	corporation submits this statement for the p	urpose of changing its registered
office of r	egistered agent, a both in the State im familiar with and accept the oblig	of Floriday Such charige was at lations of Section 617,0503, Flor	ithorized by the corp rida Statutes.	corporation submits this statement for the p oration's board of directors. I hereby accep	it the appointment as registered
BIGNATURE		/ () B	chard B.	NedelKoff. Executive	Direct 6/16/97
EDIOUSION .	Signature, typed or printed name of registered ag-		Registered Agent signature i		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE	M	Change Addition
NAME	DOMINIC CALABRO		1.2 NAME	Richard Nedel Kott	
STREET ADDRESS	1114 THOMASVILLE RD		1.3 STREET ADDRESS	2728 Hablo Avenue	G. C
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	1.4 CITY-ST-ZIP	M Richard Nedel Koff 2728 Pablo Avenue Tallahassee FL 32	308
TITLE	D	L. J DELETE	2.1 (1120		Change Addition
NAME	FREGLEY, TERRENCE		2.2 NAME	,	
STREET ADDRESS	1801 N. MERIDIAN RD.		23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	D D	L. J DELLIC	3.1 TITLE		Change — Addition
NAME	LINNAN, NANCY		3.2 NAME		
STREET ADDRESS	P.O. BOX 190 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		Lad DESCRE	4. 2 NAME		C Susualis
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
			4.4 City-St-Zip		
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		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		• • • —
STREET ADDRESS			6.3 STREET ADDRESS		
STILL TANKE SO			O A OUT OF THE		

INTY-SI-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 error were to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or on an autocommitted address.

Richard R. Medel/Roff, Executive Director

FILED

Jun 19 1997 8:00am

Secretary of State