

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 10:15

DOCUMENT # N94000001895 (1)

1. Corporation Name

ISLEWORTH FOUNDATION, INC.

Principal Place of Business

6100 DEACON DRIVE
WINDERMERE FL 34786

Mailing Address

6100 DEACON DRIVE
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

4. FBI Number

59-3249459

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32201**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	Silverton, Vivienne	
13 STREET ADDRESS	5353 Isleworth Country Club Drive	
14 CITY - ST - ZIP	Windermere, FL 34786	
21 TITLE	VPD	☐ Change ☒ Addition
22 NAME	Silverton, Toby N.	
23 STREET ADDRESS	5353 Isleworth Country Club Drive	
24 CITY - ST - ZIP	Windermere, FL 34786	
31 TITLE	SD	☐ Change ☒ Addition
32 NAME	Thakkar, Rasesh	
33 STREET ADDRESS	5062 Isleworth Country Club Drive	
34 CITY - ST - ZIP	Windermere, FL 34786	
41 TITLE	TD	☐ Change ☒ Addition
42 NAME	Voss, Jefferson R.	
43 STREET ADDRESS	550 Jefferson Street	
44 CITY - ST - ZIP	Oakland, FL 34760	
51 TITLE	D	☐ Change ☒ Addition
52 NAME	Kay, Christopher K.	
53 STREET ADDRESS	5524 Isleworth Country Club Drive	
54 CITY - ST - ZIP	Windermere, FL 34786	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 applicable, or on an attachment with an address.

SIGNATURE:

Jefferson R. Voss, V.P. 6/7/95 407/876-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (3/95)