SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 0/0/00: $100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $000)

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 JUL 17 AM 8:47

DOCUMENT # **N94000002122 (9)**

1. Corporation Name

SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.

Principal Place of Business	Mailing Address
1314 TAMPA RD PALM HARBOR FL 34683	1314 TAMPA RD PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: N/A
4. FEI Number: 59 324 2287 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 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 NO BUSINESS

2. Principal Place of Business	2a. Mailing Address
21 1314 TAMPA RD	26 SAME
22 TAMPA FL	27
23	28
24 Zip 34683 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORYELL, WILLIAM J
1314 TAMPA RD
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent YET TO BE DETERMINED WE ARE DISSOLVING

81 Name N/A
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CORYELL, KATHARINA G	12 NAME	
STREET ADDRESS	1314 TAMPA RD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CORYELL, WILLIAM J	22 NAME	
STREET ADDRESS	1314 TAMPA RD	23 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	NIEBER, HEIDI	32 NAME	
STREET ADDRESS	2945 UNION ST	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	34 CITY-ST-ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	BILL HAAS	42 NAME	
STREET ADDRESS	P.O. BOX 22454	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33622	44 CITY-ST-ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	ARTHUR MCR2	52 NAME	
STREET ADDRESS	6813 OBE DR	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA-A33615	54 CITY-ST-ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	GREY FOLDEN BAUM	62 NAME	
STREET ADDRESS	9001 ALLEN CREST	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: KATHARINA G. CORYELL 6-19-95 1-800 887 2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016803