

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002122 (9)

1. Corporation Name

SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.



Principal Place of Business

Mailing Address

1314 TAMPA RD
TAMPA FL 34683
US

1314 TAMPA RD
PALM HARBOR FL 34683

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
07/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3242287

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORYELL, WILLIAM J
1314 TAMPA RD
PALM HARBOR FL 34683

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CORYELL, KATHARINA G
STREET ADDRESS 1314 TAMPA RD
CITY-ST-ZIP PALM HARBOR FL 34683

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME ROY SKELTON Esq.
1.3 STREET ADDRESS 1314 TAMPA ROAD
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE V ☐ DELETE
NAME CORYELL, WILLIAM J
STREET ADDRESS 1314 TAMPA RD
CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE vice President ☒ Change ☐ Addition
2.2 NAME KATHARINA G. Coryell
2.3 STREET ADDRESS 1314 TAMPA RD
2.4 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE S ☐ DELETE
NAME NIEBER, HEIDI
STREET ADDRESS 2945 UNION ST
CITY-ST-ZIP CLEARWATER FL 34619

3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME HEIDI NIEBER
3.3 STREET ADDRESS 6001 FORD PLACE
3.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☐ DELETE
NAME HAAS, BILL
STREET ADDRESS P O BOX 27454 NA
CITY-ST-ZIP TAMPA FL

4.1 TITLE Director ☐ Change ☐ Addition
4.2 NAME BILL HAAS
4.3 STREET ADDRESS P.O. BOX 27454 NA
4.4 CITY-ST-ZIP TAMPA, FL

TITLE D ☐ DELETE
NAME MERZ, ARTHUR
STREET ADDRESS 8823 POE DR
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FELDENBAUM, GARY
STREET ADDRESS 9001 ALLEN CIRCLE
CITY-ST-ZIP TAMPA FL

6.1 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 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.

KATHARINA G. Coryell K.P.

4-6-96

1 800 88 SANTA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)