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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002122 (9)

1. Corporation Name

SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.

Principal Place of Business

1314 TAMPA RD
TAMPA FL 34683
US

Mailing Address

1314 TAMPA RD
PALM HARBOR FL 34683-5646

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORYELL, WILLIAM J
1314 TAMPA RD
PALM HARBOR FL 34683

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

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

William J. Coryell
Signature typed or printed name of registered agent and title in applicable

William J. Coryell
(NOTE: Registered Agent signature required when reinstating)

1-8-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CORYELL, KATHARINA G	
STREET ADDRESS	1314 TAMPA RD	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CORYELL, WILLIAM J	
STREET ADDRESS	1314 TAMPA RD	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NIEBER, HEIDI	
STREET ADDRESS	2945 UNION ST	
CITY - ST - ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, BILL	
STREET ADDRESS	P O BOX 27454 NA	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERZ, ARTHUR	
STREET ADDRESS	8823 POE DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDENBAUM, GARY	
STREET ADDRESS	8001 ALLEN CIRCLE	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. Roy Skelton
2.3 STREET ADDRESS	28050 US 19N Suite 208
2.4 CITY - ST - ZIP	CLEARWATER, FL 34621
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heidi Niebel
3.3 STREET ADDRESS	2945 UNION ST
3.4 CITY - ST - ZIP	CLEARWATER, FL 34619
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR WALTER NIEBEL
5.3 STREET ADDRESS	8012 FOX PLANE
5.4 CITY - ST - ZIP	TAMPA, FL 33615
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Katharina G. Coryell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHARINA G. CORYELL - 8-97
PRESIDENT

Date

813 889 3834
Daytime Phone # 000000

CR2E037 (9/96)