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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002586

1. Corporation Name

HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION, INC.

162015 - 90094 - 2

Principal Place of Business

601 FLORIDA AVE
 CLEARWATER FL 34616

Mailing Address

P O BOX 697
 CLEARWATER FL ~~34616~~ **33757**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3244546

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

9. Name and Address of Current Registered Agent

LONG, SHIRLEY I
601 FLORIDA AVE
CLEARWATER FL 34616

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **HURLEY, JOHN F**
 CITY-ST-ZIP **32 LEEWARD ISLAND**
CLEARWATER FL ~~34616~~ 33767

TITLE ☐ DELETE
 NAME **VPD**
 STREET ADDRESS **LONG, SHIRLEY I**
 CITY-ST-ZIP **P O BOX 697 N/A**
CLEARWATER FL 33757

TITLE ☐ DELETE
 NAME **DT**
 STREET ADDRESS **SCHMIDT, PAUL C**
 CITY-ST-ZIP **207 MIDWAY ISLAND**
CLEARWATER FL ~~34616~~ 33767

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **GUY, EDWARD**
 CITY-ST-ZIP **1872 DEL ROBLES TERR**
CLEARWATER FL ~~34616~~ 33764

TITLE ☒ DELETE
 NAME **SD**
 STREET ADDRESS **BOKOR, BRUCE H**
 CITY-ST-ZIP **911 CHESTNUT ST**
CLEARWATER FL 34616

TITLE ☐ DELETE
 NAME **PD**
 STREET ADDRESS **FISHER, FREDERICK E**
 CITY-ST-ZIP **P O BOX 7690 N/A**
CLEARWATER FL ~~33757~~ 33758

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME **HAROLD ARMSTRONG**
 1.3 STREET ADDRESS **2372 WETHERINGTON ROAD**
 1.4 CITY-ST-ZIP **CLEARWATER FL 33765**

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME **CHARLES W. LONG**
 2.3 STREET ADDRESS **P.O. BOX 697**
 2.4 CITY-ST-ZIP **CLEARWATER FL 33757**

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **ROBB RESLER**
 3.3 STREET ADDRESS **750 LANTANA AVENUE**
 3.4 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME **BERNARD J. LECHNER**
 4.3 STREET ADDRESS **P.O. BOX**
 4.4 CITY-ST-ZIP **CLEARWATER, FL. 33758**

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

VPD **2-9-99** **727-447-7810**