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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002843 (0)**

1. Corporation Name

MIDAMERICA COMMUNICATION FOUNDATION, INC.

Principal Place of Business

12888 COCO PLUM LANE
NAPLES FL 34119
US

Mailing Address

P.O. BOX 420097
NAPLES FL 34110
US



3. Date Incorporated or Qualified

06/08/1994

4. FEI Number

65-0496659

Applied For

Not Applicable

2. Principal Place of Business

21 12888 Coco Plum Ln

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 34119

Country

25 Collier

2a. Mailing Address

26 Box 420 097

Suite, Apt. #, etc.

27

City & State

28 Naples, FL 34110

Zip

29 34110

Country

30 Collier

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 **PD** ☐ DELETE

NAME **DOVER, CLARENCE J**
STREET ADDRESS **12888 COCO PLUM LN**
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☐ DELETE

NAME **DOVER, DOROTHY T**
STREET ADDRESS **12888 COCO PLUM LN**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **STRAIN, RICHARD E**
STREET ADDRESS **THE BIRD BARN, E MAIN ST**
CITY-ST-ZIP **HIGHLAND NC**

TITLE **D** ☐ DELETE

NAME **DUNIVER-MANSFIELD, CYNTHIA**
STREET ADDRESS **3906 BAIRD RD.**
CITY-ST-ZIP **STOW OH 44224**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **P** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)