FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

3a. Date of Last Report

June 13, 1996

3. Date Incorporated or Qualified

November 1, 1994

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 94000 00 5420

JAMES M. AND DONNA B. SANTO FOUNDATION, INC.

Principal Place of Business

Mailing Address

5113 South Nichol Street Tampa, Florida 33611

2. Principal f	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-3275370	Not Applicable
Suite, Apt	# etc	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & S	tate			8. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zφ	Country	Zip		Countr	y	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	3	0		Florida Statutes	Yes No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
					Name Peter J. Kelly		
J. Warren Frazier					82 Street Address (P.O. Box Number is Not Acceptable)		
501 Bast Kennedy Boulevard, Suite 1400				"	501	Bast Kennedy Boulevar	d, Suite 1400
Tampa, Florida 33602				83			
				<u> </u>			
				84	City Tam	T.B.	FL 85 Zip Code 33602
11 Pursuant	to the provisions of Sections 617 0500	and 617 1508	Florida Statutes	the abov	e-named co	progration submits this statement for the r	
office of registered agent, of both, in the State of Florida, 8uch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
11. Pursuant of 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 of 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 (am familiar with accept the obligation of, Section 617,0503, Florida Statutes.							
SIGNATURE		<i>X</i>					3-12-97
	Signature type it or printed name of registered ages OFFICERS AND		e (NOTE		ent signature req	quired when reinslating) ADDITIONS/CHANGES TO OFFICE	ONTE
12.			DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
Ш	President/Director		T OCTUIE		}		Charge (Addition
NAME	James M. Santo			1.2 NAME			,
STREET ADDRESS	5113 South Nichol S			1.3 STREE	T ADDRESS		ļi
CHY S1-7-P	Tampa, Florida 330	511		1.4 CITY-	ST-ZIP		
THE		/ 10	DELETE	21 TITLE)		☐ Change ☐ Addition
NAME	Director/ Vice Pres	ident/ T	reasurer	22 NAME			
STREET ADDRESS	Donna B. Santo 5113 South Nichol S	Stroot		23 STREE	T ADDRESS		
CH+-S1-7IP	Tampa, Florida 336			2 4 CITY-	ST-ZIP		1
THE	Thinput Troiting 33.		DELETE	3 1 TITLE		Director/Secretary	Change Addition
NAME	•			3.2 NAME		Peter J. Kelly	
SPECI ADDRESS						501 Bast Kennedy Boul	oward Suits 1600
City St ZiP	1			3 4. CITY-	et an	Tampa, Florida 33602	evalo, suite 1400
DIU			DELETE	4.1 TITLE	31-21	18mpa, F10110a 33002	Change Addition
NAMI	1			4. 2 NAME	.		time or and a part of the second of
					T ADDRESS		
STREET AUDRESS				1	· I		ì
COTY - ST - ZOP			DELETE	4.4 CITY-	ST-ZIP		A Channe E Addition
111[[T DETEIF	51 TITLE	İ		Change Addition
NAME	1			5 2 NAME			N 2 20.00
STREET ADDRESS				5.3 STREE	T ADDRESS		1 3. 21 14
CHY-ST ZIP				5.4 CITY-1	ST-ZIP	·	<u> </u>
HILL			DELETE	6.1 TITLE	-	ال الله المعلق بالمعلى بالمعلى بالمعلى بالمعلى المعلى ال	Change Addition
NAME	1			6.2 NAME	4	eកក់កំកំព័ទីៗ។	g ((<u>b</u> b
STREET ADORESS				63 STREE	T ADORESS	60000212 -03/28/97011 ***61.25	128050
City -St - ZIP				64 CITY-	ST-ZIP	***61.25	
14. I do here	by certify that the information supplied	with was filing	does not qualify	for the exi	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
14. I do hereby certify that the information supplied with this filling 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 supplied ental 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.							