

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 # N94000006061 (5)

1. Corporation Name

MACDILL MEMORIAL PARK FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O RONALD V. BUCHERT. COL. USAF (RET.)
14504 THORNFIELD COURT
TAMPA FL 33624
US

C/O RONALD V. BUCHERT. COL. USAF (RET.)
14504 THORNFIELD COURT
TAMPA FL 33624
US

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3298440

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

WHITE, RONALD C
5348 FIRST AVE. NORTH
ST. PETERSBURG FL 33710

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 ~~PD~~ ☐ DELETE
NAME BUCHERT, RONALD V
STREET ADDRESS 14504 THORNFIELD COURT
CITY-ST-ZIP TAMPA FL

1.1 TITLE VICE PRESIDENT, Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME CUSICK, HAROLD
STREET ADDRESS 1375 PINELLAS BAYWAY, #38
CITY-ST-ZIP TIERRA VERDE FL

2.1 TITLE PRESIDENT, Director ☐ Change ☒ Addition
2.2 NAME VOSKERCIAN, JOE
2.3 STREET ADDRESS NATIONS BANK P.O. Box 31540
2.4 CITY-ST-ZIP TAMPA, FL 33631-3540

TITLE TD ☐ DELETE
NAME HENNING, HAL P
STREET ADDRESS 4632 WESTFORD CIRCLE
CITY-ST-ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME CUTLER, ROBERT
STREET ADDRESS 19135 U.S. HWY. 19, #A-16
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 (813) 961-4129

Date Daytime Phone #

CR2E037 (12/95)