

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

98 FEB -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 91-98
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

Ronald C. White
Signature, typed or printed name of registered agent and title, if applicable

RONALD C. WHITE, P.A.
(NOTE: Registered Agent signature required when reinstating)

DATE

1-01-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPB
NAME BUCHERT, RONALD V
STREET ADDRESS 14504 THORNFIELD COURT
CITY-ST-ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002430753--7
-02/16/98--01005--002
*****306.25 *****306.25

TITLE PD
NAME VOSKERICHIAN, JOE
STREET ADDRESS NATIONS BANK PO BOX 31590
CITY-ST-ZIP TAMPA FL 90

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

TITLE TD
NAME HENNING, HAL P
STREET ADDRESS 4832 WESTFORD CIRCLE
CITY-ST-ZIP TAMPA FL

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 *Shirley R. Buechert*
Dec 15 1997 942-2008

CR2E037 (4/97)