


FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

1997 OCT 20 PM 4: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006246 (2)**

1. Corporation Name

**S & G FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**8965 BRIDGE ROAD  
HOBE SOUND FL 33475**

**P.O. BOX 205  
HOBE SOUND FL 33475-0205**

3. Date Incorporated or Qualified  
**12/21/1994**

3a. Date of Last Report  
**03/15/1996**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**65-0541733**

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**

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

**DAVIS, GALE L  
C/O BUETENS & BUETENS  
8965 BRIDGE ROAD  
HOBE SOUND FL 33475**

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 **N/A**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, SHELBY M</b>	
STREET ADDRESS	<b>P.O. BOX 205</b>	<b>N/A</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33475</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, GALE L</b>	
STREET ADDRESS	<b>P.O. BOX 205</b>	<b>N/A</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33475</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGRATH, MARY ANN</b>	
STREET ADDRESS	<b>WILLIAM ERNST ROAD.</b>	<b>N/A</b>
CITY-ST-ZIP	<b>WEST LYDEN NY 13489</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500002328465--1</b>
1.4 CITY-ST-ZIP	<b>-10/23/97--01104--032</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>500002328465--1</b>
2.4 CITY-ST-ZIP	<b>-10/23/97--01104--033</b>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)

**10/20/97**