

DOCUMENT # N95000001979

1. Entity Name
J. FRED DANKER FAMILY FOUNDATION, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 039 ****61.25

Principal Place of Business
2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510
US

Mailing Address
2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number 65-0584122
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANKER, J. FRED
2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANKER, J. FRED	
STREET ADDRESS	2635 SOUTH WEST GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBRELL, JOANN C	
STREET ADDRESS	1479 ALLEN STREET	
CITY-ST-ZIP	MT. PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANKER, JOHN W	
STREET ADDRESS	7500 S.W. 81ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANKER, THOMAS F	
STREET ADDRESS	16900 S.W. 264TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DANKER, HILDEGARD A	
STREET ADDRESS	2635 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
Signature and typed or printed name of signing officer or director

Phone (561) 283-0809
01/05/2001 (561) 283-0809