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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	N95000002599	(7)
1. Corporation Name		

JOHN REYNOLDS & ELEANOR B. ALLEN CHARITABLE FOUN

DATION, INC. Principal Place of Business Mailing Address 4100 BARNETT PLAZA 4100 BARNETT PLAZA 101 E. KENNEDY BLVD. 101 E. KENNEDY BLVD. TAMPA FL 33602 3. Date Incorporated or Qualified 3a. Date of Last Report **TAMPA FL 33602** 06/02/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3317122 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc \Box 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country $Z\omega$ Country Zio ☐ Yes ☐ No Florida Statutes 30 29 25 24 10 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 KALISH, WILLIAM 101 E. KENNEDY BLVD. 83 **SUITE 4100** Zip Code 84 City **TAMPA FL 33602** 11. Pursuant to the provisions of Soctions 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 (NOTE Registered Agent signature resourced when revisitating) Signarure, based or printed marrie of registered agent and to our applicable ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Addition DELETE 1 1 11 LF TITLE CR2E037 1.2 NAME KALISH, WILLIAM NAME 1.3 STHEFT ADDRESS 101 E. KENNEDY BLVD., SUITE 4100 STREET ADDRESS 14 CITY - ST - 7IP TAMPA FL 33602 Addition CITY-ST-ZIP Change DELETE 2 1 TIT.E TITLE 2.2 NAME WARD, ALTON C 2.3 STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 4100 STREET ADDRESS 2 4 CITY - ST-ZIP TAMPA FL 33602 ☐ Addition CITY-SC-ZIP Change **★** DELFTE 3 1 TITLE TITLE 3.2 NAME Haney, R. Reid MCNAMARA, THOMAS P 101 E. Kennedy Blvd., Suite 4100 3.3 STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 4100 STREET ADDRESS 3.4 CHY-ST 7P Tampa, FL 33602-TAMPA FL 33602 CITY-ST-7/P Change Addition DELETE 4.1.THE THTLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4 4 CHY - ST - ZIP Addition CITY - ST - ZIP Change DELETE 5 1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 GITY - ST - 7IP CITY-ST-ZIP Addition **500001756966**°° -03/26/96--01032--033 DELETE 61 TITLE THILE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 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

6.3 STREET ADDRESS

64 CITY - ST - ZIP

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 813 222-8700