

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004020 (2)**

1. Corporation Name

PENNY HARVEST FOUNDATION, INC.



Principal Place of Business

**40 TURTLEBACK TRAIL
PONTE VEDRA BEACH FL 32082**

Mailing Address

**40 TURTLEBACK TRAIL
PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 same as above

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

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

**KELLOGG, PETER
24 N. MARKET ST., STE. 304
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

MICHAEL S. SHARRIT

82 Street Address (P.O. Box Number is Not Acceptable)

233 E. Bay St., Ste. 804

83

84 City

Jacksonville,

FL

85

Zip Code
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

6/14/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **DAVALOS, RICK**
STREET ADDRESS **4215 SOUTHPOINT BLVD. #220**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VD** ☒ DELETE
NAME **SHONE, EVAN**
STREET ADDRESS **8700 SOUTHSIDE BLVD. #220**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☒ DELETE
NAME **COLLINS, PATRICIA C**
STREET ADDRESS **24 N. MARKET ST. #305**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **TD** ☒ DELETE
NAME **MADRID, LEO J**
STREET ADDRESS **2001 HODGES BLVD. #215**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☒ DELETE
NAME **MINOR, BRIAN R**
STREET ADDRESS **40 TURTLEBACK TRAIL**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Rick Davalos**
1.3 STREET ADDRESS **201 Cranes Lake Dr.**
1.4 CITY-ST-ZIP **Ponte Vedra Bch., FL 32082**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **BRIAN R. MINOR**
2.3 STREET ADDRESS **40 Turtleback Trail**
2.4 CITY-ST-ZIP **Ponte Vedra Bch., FL 32082**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Leo J. Madrid**
3.3 STREET ADDRESS **2001 Hodges Blvd.**
3.4 CITY-ST-ZIP **Jacksonville, FL 32224**

4.1 TITLE **SD** ☒ Change ☒ Addition
4.2 NAME **Michael S. Sharrit**
4.3 STREET ADDRESS **1209 Forest Ave.**
4.4 CITY-ST-ZIP **Neptune Bch., FL 32266**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Mark E. Calvin**
5.3 STREET ADDRESS **168 Coastal Oak Cr.**
5.4 CITY-ST-ZIP **Ponte Vedra Bch., FL 32082**

6.1 TITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

Date

904-296-3300

Daytime Phone #

CR2E037 (3/96)