FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # N9500004021 (0) THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION

FILED Jan 15 1998 8:00am Secretary of State

THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, IN C.				
Principal Plac	e of Business	Mailing Address		
222 BEACH RD., UNIT 2 222 BEACH RD., UNIT SARASOTA FL 34242 SARASOTA FL 34242		222 BEACH RD., UNIT 2 SARASOTA FL 34242		3. Date Incorporated or Qualified 08/21/1995 4. FEI Number Applied For
		Ta Barres Addison		65-0606828 Not Applicable
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		Trust Fund Contribution
23		28		7. Is this nonprofit corporation a nonreowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔃 No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent
ABEL, HARVEY J 222 BEACH RD., UNIT 2 SARASOTA FL 34242			83 84 City S	ABEL HARVEY T Idress (P.O. Box Number is Not Adceptable) 2 2 BEACH ROAD; UNIT 2 ARASOTA FL 85 Zip Gode, 1242
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE				
12.	Signature, typed or printed name of registered age OFFICERS ANI		: Registered Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DST	DELETE	1.3 TITLE	Change Addition
NAME	ABEL, MARCIA K		1.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2		1,3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABEL, HARVEY J		2.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		2. 4 CITY-ST-ZIP	
TITLE	DV	DELETE	3.1 TITLE	Change Addition
NAME	abel, Saralyn		3.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETÉ	4.1 TITLE	Change Addition
NAME	abel, Jonathan		4.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	Change Addition
NAME	PIZZO, BETH D		5.2 NAME	,
Street Address	3127 VILLAGE GREEN DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	1 1	5.4 CITY - ST - ZIP	Ot
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		At an I fill a day of a said fa	6.4 City-St-ZiP	in Section 119 (17/3Vi) Florida Statutes I further certify that the information

I nereby 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 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:

THAT VICERIA QUITRESIDENT

13/98 (94

(941) 349-2282