## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortharfi

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # N9500005043 (3)

THE ISPE	FOUNDATION,	INC
THE ISPE	TUUNUATION,	INC:

Principal Place of Business Mailing Address 3816 W. LINEBAUGH AVENUE 3816 W. LINEBAUGH AVENUE SUITE 412 SUITE 412 TAMPA FL 33624 TAMPA FL 33624-4903 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1995 07/09/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For **x800150x508** 59-3388853 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax unider s. 199.032, 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEST, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 3816 W. LINEBAUGH AVENUE <u>4513 Dale Ave</u> 83 **SUITE 412 TAMPA FL 33624** City Tampa 84 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. April 3, 1997 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) XX DELETE Change TITLE 1.1 TITLE Addition VD DOWLING, HARRY W NAME 1.2 NAME Hank Rahe 22 EYNON COURT, STENNING WOODS STREET ADDRESS 1.3 STREET ADDRESS 10329 Vandergriff Road HOCKESSIN DE 19707 CHY ST-26 1.4 CITY-ST-ZIP Indianapolis, IN 46239-9593 TITLE XXELETE 2.1 TITLE Change X Addition NAME LUNA, CECELIA J 2.2 NAME Greg Butler **44 WOODLANND AVENUE** STREET ADDRESS 2 Stonybrook Trl Kinnelon, NJ 07 2.3 STREET ADDRESS **NORTH BRUNSWICK NJ 08902** CITY - S1 - ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE \_\_\_ Addition KRANKING, LARRY W NAME 3.2 NAME STREET ADDRESS 43 BLUEBERRY LANE 3.3 STREET ADDRESS **SOUTHBURY CT 06488** CITY - ST - 7IP 3.4. CITY-ST-ZIP TITLE DELETE CEO 4.1 TITLE Addition NAME BEST. ROBERT P 4.2 NAME 10413 OAKBROOK DRIVE 4513 Dale Avenue STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33624 Tampa, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change X Addition NAME 5.2 NAME Colman Casey STREET ADDRESS **5.3 STREET ADDRESS** Schering-Plough CITY-ST-ZIP 5.4 CITY - ST - ZIP Brinny Innishannon Co. TITLE DELETE 6.1 TITLE ☐ Change Addition

14. I do hereby certify that the information supplied with this filling 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 per an interchment with appaddress.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

BNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

813-960-2105

**FILED** 

May 20 1997 8:00am

Secretary of State