FILE NOW: FILING FEE IS \$61.25

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE , Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

SIGNATURE:

1998

N9500000 5043

The ISPE Foundation, Inc.

Principal Place of Business Mailing Address

> 3816 W LinebaughAve Suite 412

FILED										
May	13	1998	8:00am							
Sec	cret	ary of	State							

3. Date Incorporated or Qualified

4/8/98

813-960-2105

	uite 412					10/24/1995					
T T	ampa, FL 33624	same	3			4. FEI Number		Applied For			
					59-3388853		Not Applicable				
2. Principal Place of Business 2e. Mailing Address 2f					5. Certificate of Status Desired		.75 Additional ee Required				
		Suite, Apt. #, etc.	pt. #, etc.			6. Election Campaign Financing	\$5.	.00 May Be			
27						Trust Fund Contribution		ded to Fees			
City & State City & State 28				7. Is this nonprofit corporation a homeowners association?				ciation?			
Žip	Country Zip			ry		8. This corporation owes or has paid the	current ye	ar Intangible			
24				Personal Property Tax due June 30. Yes No				C √No			
9. Name and Address of Current Registered Agent				<u> </u>		10. Name and Address of New Registered Agent					
			6	1 Nam	е						
Best, Robert P			8	2 Stree	t Addres	Address (P.O. Box Number is Not Acceptable)					
3816 W Linebaugh Ave.			L	4513 Dalo 8vo							
ł	Suite 412		8	3							
	Tampa, FL 3	3624	8	1	ampa		B5	Zip Code 33609			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abo	vo name	d corno	ration pulpmite this statement for the ruseness	a of obone	the the sections of			
	registered agent, or both, in the State of a m familiar with, and accept the obligati				rporation	n's board of directors. I hereby accept the a	ppointmen	nt as registered			
SIGNATURE		, 10 of 00000 11 0000, 11	onda Otalai								
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable (NOT	E. Registered A	gent signal	re required	when reinstating) DATE					
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12			
TITLE	70	☐ DELETE	1.1 TITLE				Cha				
NAME	PD			1.2 NAME				-			
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	CITY-ST-ZIP 10329 Vandergriff Road			1.4 CITY-ST-ZIP							
TITLE	Indianapolis, IN 46239 □ DELETE			2 1 TITLE			☐ Cha	inge - Addition			
NAME	AD			2.2 NAME				•			
STREET ADDRESS	<u> </u>			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP							
TITLE	2 Stonybrook Trl. DELETE			3.1 TITLE			☐ Chai	nge Addition			
NAME	Kinnelon, NJ 074	105	3.2 NAME	3.2 NAME 3.3 STREET ADDRESS				<u> </u>			
STREET ADDRESS			3 3 STREE								
CITY-ST-ZIP	P			3 4. CITY-ST-ZIP							
TITLE	T	☐ DELETE	4.1 TITLE				☐ Char	nge Addition			
NAME STREET ADDRESS	Poth Jerry		4. 2 NAME								
				T ADDRESS	1			ļ			
CITY-\$T-ZIP	Chesterfield, MO 63005 DELETE			ST-ZIP				1			
NAME	CEO	☐ DELETE	5.1 TITLE				☐ Chan	nge Addition			
STREET ADDRESS	"			5.2 NAME			,	<i>پړ</i> ۶			
Tobell F.			5.3 STREE	T ADDRESS				272			
TITLE	- AVE.			ST - 71P	ļ			5110			
NAME	Tampa, FL 33609	☐ DELETE	61 TITLE			ر	Chan	ge Addition			
STREET ADDRESS			6.2 NAME	6.2 NAME		5 <u>000</u> 0025361					
City-ST-ZIP			6 3 STREET	6 3 STREET ADDRESS		-05/15/9801108	003				
14. I hereby certify that the information			64 C/TY - S		<u></u>	***122.50					
14. 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 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											

NAME OF BIGNING OFFICER OR DIRECTOR