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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sindra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005075 (5)

**DUCHARME FOUNDATION, INC.** 

Principal Place of Business

Mailing Address

## FILED Jun 11 1997 8:00am Secretary of State

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| 7401 BAY COL<br>NAPLES FL 36  |   | 7401 BAY COLONY DRIV<br>NAPLES FL 34108-7514 | Ε                                | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996  |                 |  |
|---|---|--|----------------------------------|---|-----------------|--|
| 2. Principal P<br>21 740  | lace of Business Colory DC                        | 2a. Malling Address                          |                                  | 4. FEI Number Applied Fo. 65-06 19839 Not Applie  |                 |  |
|   | #, etc.   | Suite, Apt. #, etc.                          |                                  | 5. Certificate of Status Desired S8.75 Addition Fee Required  | nal             |  |
| City & State  |   | City & State                                 |                                  | 6. Election Campaign Financing \$5.00 May Be  | е               |  |
| Zip   | Country   | <b>Zip</b>                                   | Country                          | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.03 |                 |  |
| <u> </u>  | 9. Name and Address of Current                    | 29<br>Bogistered Agent                       | 30                               | Florida Statutes Yes X No  10. Name and Address of New Registered Agent                                     |                 |  |
|   | 9. Name and Address of Current                    | Hegistered Agent                             | 81 Name                          | · · · · · · · · · · · · · · · · · · ·   |                 |  |
| HILFIKER, ALAN F ESQ.  800 LAUREL OAK DRIVE STE 4(0)  NAPLES FL 83983  PLANTE  84 City Nacles FL 85 Zip Code  3410  |   |  |                                  |   |                 |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named conforation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of fection 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of refusioned agent and filter application.  NOTE: Registered Agent signature required when reinstating)  DATE |   |  |                                  |   |                 |  |
| 12.   | OFFICERS AND                                      |  | 13.                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                 |  |
| TITLE   | D   | DELETE                                       | 1,1 TITLE                        | Change Ad   |                 |  |
| NAME  | DUCHARME, DUANE E                                 |  | 1,2 NAME                         | Ducharme, Duane E<br>1401 Bay Colony Drive  | Ì               |  |
| STREET ADDRESS  | 7401 BAY COLONY DRIVE                             |  | 1.3 STREET ADDRESS               | THUI BAY COLONY Drive   | ĺ               |  |
| CITY-ST-ZIP   | NAPLES FL 33963. 34166                            |  | 1.4 CITY-ST-ZIP                  | Naples, FL 34108  |                 |  |
| TITLE   | D D   | ☐ DELETE                                     | 2.1 TITLE                        | Ducharme, Michelle A. Change Ad   | aution          |  |
| NAME<br>OTOGET ADDRESSO   | DUCHARME, MICHELLE A<br>2081RIVER REACH ROAD, APT | T_270  | 2.2 NAME<br>2.3 STREET ADDRESS   | 2061 River Reach Dr. Apt. 376   |                 |  |
| STREET ADDRESS<br>City-St-Zip   | NAPLES FL   | 1-370  | 2.3 STREET AUDRESS               | Naples, FL 34104  |                 |  |
| TITLE   | D   | DELETE                                       | 3.1 HTLE                         | D Change ☐ Ad   | dition          |  |
| NAME  | DUCHARME, BONNIE L                                |  | 3.2 NAME                         | Ducharme, Bonnie L.   |                 |  |
| STREET ADDRESS  | 7401 BAY COLONY DRIVE                             |  | 3.3 STREET ADDRESS               | 1 7 7 7 7 1   | [               |  |
| CITY-ST-ZIP   | NAPLES FL 33963                                   |  | 3.4. CITY-ST-ZIP                 | Naples, FL 34108  |                 |  |
| TITLE   | D DECOMPLE ADECOMPLE                              | ☐ DELETE                                     | 4.1 TITLE                        | Change Ad   | 1dition         |  |
| NAME  | DUCHARME, GREGGORY A                              |  | 4. 2 NAME                        | Duchame, Greggory A. 7401 Bay Colony Drive  | ĺ               |  |
| STREET ADDRESS  | 222 OLD AUBURN COVE<br>FORT WAYNE IN 46845        |  | 4.3 STREET ADDRESS               | Alana Ci 34.48  |                 |  |
| CITY-ST-ZIP<br>TITLE  | FOR WATER BY TOOPS                                | ☐ DELETE                                     | 4.4 CITY - ST - ZIP<br>5.1 TITLE | Change Ad   | dition          |  |
| NAME  |   |  | 5.2 NAME                         |   |                 |  |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS               |   |                 |  |
| CITY-ST-ZIP   |   |  | 5.4 CITY-ST-ZIP                  |   |                 |  |
| TITLE   |   | DELETE                                       | 61 TITLE                         | ☐ Change ☐ Ad   | <b>J</b> dition |  |
| NAME  | , A.  |  | 6.2 NAME                         |   | ľ               |  |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS               |   |                 |  |
| CITY-ST-ZIP   |   |  | 6.4 CITY - ST - ZIP              | <u> </u>  |                 |  |

I do 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 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.

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