


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000001381 (0)</b> 1. Corporation Name <b>MELLECKER - LILLEY FOUNDATION, INC.</b>					
Principal Place of Business <b>7913 SEMINOLE MALL EAST SEMINOLE FL 33772</b>			Mailing Address <b>7913 SEMINOLE MALL EAST SEMINOLE FL 33772-4706</b>		
2. Principal Place of Business 21 <b>SAME AS ABOVE</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03/13/1996</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report <b>N/A</b>	
City & State 23		City & State 28		4. FEI Number <b>59-3398163</b>	
Zip 24		Country 25		Applied For Not Applicable	
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>ROOTH, SUSAN A 7913 SEMINOLE MALL EAST SEMINOLE FL 33772</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, LAWRENCE J		1.2 NAME		
STREET ADDRESS	5400 PARK ST N, #508		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOTH, SUSAN A		2.2 NAME		
STREET ADDRESS	7913 SEMINOLE MALL EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROST, WILLIAM		3.2 NAME		
STREET ADDRESS	5400 PARK ST N, #710		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



14. 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.

SIGNATURE:

*[Signature]*

6/11/97 813-397-4718

CR2E037 (9/96)