

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90218 031 ****61.25

DOCUMENT # N96000001381

1. Corporation Name

MELLECKER - LILLEY FOUNDATION, INC.

Principal Place of Business

7913 SEMINOLE MALL EAST
SEMINOLE FL 33772
US

Mailing Address

7913 SEMINOLE MALL EAST
SEMINOLE FL 33772
US



2. Principal Place of Business

21 **7731 Seminole Mall**

2a. Mailing Address

26 **SAME as 21**

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3398163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 **Seminole FL**

City & State

28 **US**

Zip

24 **33772**

Country

Zip

29 **US**

Country

30

9. Name and Address of Current Registered Agent

ROOTH, SUSAN A
7913 SEMINOLE MALL EAST
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE **D** ☐ DELETE
NAME **GALLAGHER, LAWRENCE J**
STREET ADDRESS **5400 PARK ST N, #508**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **D** ☐ DELETE
NAME **ROOTH, SUSAN A**
STREET ADDRESS **7913 SEMINOLE MALL EAST**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ DELETE
NAME **TROST, WILLIAM**
STREET ADDRESS **5400 PARK ST N., #710**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **7731 Seminole Mall**
2.4 CITY-ST-ZIP **SEMINOLE FL 33772**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SUSAN A ROOTH

4/29/99 727-397-4768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)