FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

City & State

23

24

Zφ



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N96000002768 (7) **DOCUMENT #**

FRANKLIN G. BERLIN FOUNDATION, INC.

Principal Place of Business Mailing Address		T TREATHER FIR TOINE SHIP ABOUT BEIN BEIN DEVICE LIGHT FOR THE PLANT INDIV	
555 S. GULFSTREAM AVENUE SARASOTA FL 34236	555 S. GULFSTREAM AVENUE SARASOTA FL 34236-6715		
		3. Date Incorporated or Qualified 05/22/1996	3a. Date of Last Report
2. Principal Place of Business	2a, Mailing Address	4. FEI Number	Applied For
21	26	31-146817	9 Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional

City & State

Zιρ

28

HARRISON, W T JR

200 SOUTH ORANGE AVENUE SARASOTA FL 34236

9. Name and Address of Current Registered Agent

Country

	Florida Statutes Yes X No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
63	
84	City Ft 85 Zip Code

8. This corporation has liability for intangible tox under s. 199.032, Florida Statutes Yes No

6. Election Campaign Financing Trust Fund Contribution

FILED

Mar 20 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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. Thereby accept the appointment as registered

Country

30

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Stor atting Typest or printed ream 6 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			
TIFLE	DELETE	1.1 TITLE	PD Change X Addition			
NAME		1.2 NAME	Berlin, Frank G.			
STREET ADDRESS		1.3 STREET ADDRESS	435 S. Gulfstream, Suite 207			
COTY - ST - ZIP		1.4 CITY-ST-ZIP	Sarasota, FL 34236			
TITLE	DELETE	21 TITLE	SD Change XAddition			
NAME		22 NAME	Harrison, William T, Jr.			
STREET ADDRESS		2.3 STREET ADDRESS	200 S. Orange Ave.			
©1Y+\$1-2\P		2. 4 CITY - ST - ZIP	Sarasota, FL 34236			
TITLE	DELETE	31 TITLE	TD Change L*Addition			
NAME	į	3.2 NAME	Jackson, James R			
STREET ADDRESS		3.3 STREET ADDRESS	435 S. Gulfstream, Suite 207			
CITY-S1-ZIP		3 4. CITY-ST-ZIP	Sarasota, Fl 34236			
TITLE	☐ DELETE	4.1 TITLE	Change Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY - ST - ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		52 NAME				
STREET ADDRESS		5 3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	☐ DELETE	6.1 TITLE	Change Addition			
NAME	ļ	6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-SI-ZIP		64 CITY-ST-ZIP				

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

JAMES R. JACKSON 02-06-57