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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002768 (7)**

1. Corporation Name

FRANKLIN G. BERLIN FOUNDATION, INC.

Principal Place of Business

**555 S. GULFSTREAM AVENUE
SARASOTA FL 34236**

Mailing Address

**555 S. GULFSTREAM AVENUE
SARASOTA FL 34236**

3. Date Incorporated or Qualified

05/22/1996

4. FEI Number

31-1468179

Applied For

Not Applicable

2. Principal Place of Business

21 200 South Orange Avenue

Suite, Apt. #, etc.

22 c/o W. T. Harrison, Jr.

City & State

23 Sarasota, Florida

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 200 South Orange Ave.

Suite, Apt. #, etc.

27 c/o W.T. Harrison, Jr.

City & State

28 Sarasota, Florida

Zip

29 34236

Country

30 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HARRISON, W T JR
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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 **PD** ☒ DELETE
NAME **BERLIN, FRANK G**
STREET ADDRESS **435 S GULFSTREAM STE 207**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE
NAME **HARRISON, WILLIAM T J**
STREET ADDRESS **200 S ORANGE AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE
NAME **JACKSON, JAMES R**
STREET ADDRESS **435 GULFSTREAM STE 207**
CITY-ST-ZIP **SARASOTA FL**

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 **President/Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2451 Bee Ridge Road**
3.4 CITY-ST-ZIP **Sarasota, Florida 34239**

4.1 TITLE **Sec'y/Director** ☐ Change ☒ Addition
4.2 NAME **Charles E. Stottlemeyer**
4.3 STREET ADDRESS **1290 Palm Avenue North**
4.4 CITY-ST-ZIP **Sarasota, Florida 34236**

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.

SIGNATURE:

JAMES R. JACKSON
TREASURER

04-07-98 (941) 946-9182

CR2E037 (10/97)