## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 02 1998 8:00am

Secretary of State

3/24/18

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600003516 (9)

ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business Mailing Address 4423 BAYSHORE ROAD 4423 BAYSHORE ROAD 3. Date Incorporated or Qualified SARASOTA FL 34234 SARASOTA FL 34236 06/28/1996 4. FEI Number Applied For 71:147-1328 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? X Yes 23 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Яi Name PALMER, ROY C Street Address (P.O. Box Number is Not Acceptable) 82 4423 BAYSHORE ROAD 83 SARASOTA FL 34234 84 City 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 familial with and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1.1 TITLE TITLE PTD PALMER, ROY C NAME 1.2 NAME 4423 BAYSHORE ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 1.4 CiTY - ST- ZIP CITY-ST-ZIP Change Addition □ DELETE TITLE 2.1 TITLE PALMER, SUSAN M 2.2 NAME NAME **4423 BAYSHORE ROAD** 2.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL 34236** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition ASD 3.1 TITLE TITLE BAND, DAVID S 3.2 NAME NAME 240 S. PINEAPPLE AVE, 10TH FLOOR 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETË TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 617, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and according or director of the corporation of the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address.