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FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004852 (7)

1. Corporation Name

THE JOE LOGSDON FOUNDATION, INC.



Principal Place of Business

Mailing Address

196 BELINA DRIVE #8
NAPLES FL 34101

P O BOX 8051
NAPLES FL 34101-9051

3. Date Incorporated or Qualified
09/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Daniel E. Conley

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

6310 Trail Boulevard

83

84 City

Naples

FL

85

Zip Code

34108

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

Daniel E. Conley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D CHURCH, JON M
NAME CHURCH, JON M
STREET ADDRESS 196 BELINA DRIVE #8
CITY-ST-ZIP NAPLES FL 34101

TITLE D LOGSDON, CHERYLANN
NAME LOGSDON, CHERYLANN
STREET ADDRESS 900 NINTH STREET NO
CITY-ST-ZIP NAPLES FL 34102

TITLE D PROPER, ERICSON A
NAME PROPER, ERICSON A
STREET ADDRESS 2080 RIVER REACH DR #93
CITY-ST-ZIP NAPLES FL 34105

TITLE D TURNER, STEPHEN
NAME TURNER, STEPHEN
STREET ADDRESS 196 BELINA DRIVE #8
CITY-ST-ZIP NAPLES FL 34101

TITLE D CONLEY, DANIEL E
NAME CONLEY, DANIEL E
STREET ADDRESS 6310 TRAIL BLVD
CITY-ST-ZIP NAPLES FL 34108

TITLE D EICHEN, JACQUELINE
NAME EICHEN, JACQUELINE
STREET ADDRESS 2529 LINWOOD AVE
CITY-ST-ZIP NAPLES FL 34125

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)