SECOND NOTICE [redacted]ATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR [redacted]/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25).

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 08 1998 8:00am
Secretary of State

000?204

DOCUMENT # N96000004852 (7)

1. Corporation Name

THE JOE LOGSDON FOUNDATION, INC.

Principal Place of Business
196 BELINA DRIVE #8
NAPLES FL 34101

Mailing Address
P O BOX 9051
NAPLES FL 34101

3. Date Incorporated or Qualified
09/13/1996

4. FEI Number
31-1486087 [ ] 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

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

2. Principal Place of Business
21 2496 Kirkwood Ave
Suite, Apt #, etc
22
City & State
23 Naples, Fl
Zip 24 34112 Country 25 US

2a. Mailing Address
26 2496 Kirkwood Ave
Suite, Apt. #, etc.
27
City & State
28 Naples, Fl
Zip 29 34112 Country 30 US

9. Name and Address of Current Registered Agent

CONLEY, DANIEL E
631 TRAIL BLVD
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name Steve Turner
82 Street Address (P.O. Box Number is Not Acceptable) 20640 Country Creek Dr #1013
83
84 City ~~Naples~~ Estero FL 85 Zip Code 33928

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]
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	LOGSDON, CHERYLANN	
STREET ADDRESS	900 NINETH STREET NO	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	[ ] DELETE
NAME	TURNER, STEPHEN	
STREET ADDRESS	196 BELINA DRIVE #8	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	D	[✓] DELETE
NAME	CONLEY, DANIEL E	
STREET ADDRESS	6310 TRAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	[✓] DELETE
NAME	EICHEN, JACQUELINE	
STREET ADDRESS	2529 LINWOOD AVE	
CITY-ST-ZIP	NAPLES FL 34125	
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	President	[✓] Change [ ] Addition
1.2 NAME	Logsdon, Cherylann	
1.3 STREET ADDRESS	908 9th St N	
1.4 CITY-ST-ZIP	Naples, Fl 34102	
2.1 TITLE	D	[✓] Change [ ] Addition
2.2 NAME	Turner Stephen	
2.3 STREET ADDRESS	20640 Country Creek Dr #1013	
2.4 CITY-ST-ZIP	Estero, Fl 33928	
3.1 TITLE	D	[ ] Change [✓] Addition
3.2 NAME	Sheryl Ross	
3.3 STREET ADDRESS	26510 West Wood Cir	
3.4 CITY-ST-ZIP	Bonita Springs, Fl 34109	
4.1 TITLE	D	[ ] Change [✓] Addition
4.2 NAME	Pat Conley	
4.3 STREET ADDRESS	331 Erie Dr	
4.4 CITY-ST-ZIP	Naples, Fl 34110	
5.1 TITLE	D	[ ] Change [✓] Addition
5.2 NAME	Michael Lewis	
5.3 STREET ADDRESS	1233 12th Ave N	
5.4 CITY-ST-ZIP	Naples, Fl 34102	
6.1 TITLE	D	[ ] Change [✓] Addition
6.2 NAME	Beth Carr	
6.3 STREET ADDRESS	832 Belville Blvd	
6.4 CITY-ST-ZIP	Naples, Fl 34104	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 2 98 — Date
457-9911 — Daytime Phone #

CR2E037 (5/98)