

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 03, 1999 8:00am  
Secretary of State

02-03-1999 90031 035 \*\*\*\*\*70.00

DOCUMENT # N96000004852

1. Corporation Name

THE JOE LOGSDON FOUNDATION, INC.

Principal Place of Business

2496 KIRKWOOD AVE.  
NAPLES FL 34112  
US

Mailing Address

2496 KIRKWOOD AVE.  
NAPLES FL 34112  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/13/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

31-1486087

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25 9. Name and Address of Current Registered Agent

STEVE TURNER  
20640 COUNTRY CREEK DR.  
#1013  
ESTERO FL 33928

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

☐ DELETE

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

TITLE D  
NAME TURNER, STEPHEN  
STREET ADDRESS 20640 COUNTRY CREEK DR. #1013  
CITY-ST-ZIP ESTERO FL 33928

TITLE D  
NAME ROSS, SHERYL  
STREET ADDRESS 26990 LOST WOOD CIR  
CITY-ST-ZIP BONITA SPRINGS FL 34109

TITLE D  
NAME CONLEY, PAT  
STREET ADDRESS 331 ERIE DR.  
CITY-ST-ZIP NAPLES FL 34110

TITLE D  
NAME LAWS, MICHAEL  
STREET ADDRESS 1233 12TH AVE. N  
CITY-ST-ZIP NAPLES FL 34102

TITLE D  
NAME CARR, BETH  
STREET ADDRESS 832 BELVILLE BLVD.  
CITY-ST-ZIP NAPLES FL 34104

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/98

417-8400

CR2E037 (1/198)