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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006025 (8)**

1. Corporation Name

CAUSEY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**82778 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

**82778 OVERSEAS HIGHWAY
ISLAMORADA FL 33036-3601**

*Change to:
P.O. Box 1169*

3. Date Incorporated or Qualified
11/26/1996

3a. Date of Last Report
This is T-1997

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
P.O. Box 1169

4. FEI Number

65-0711722

Applied For

Not Applicable

22
City & State

27
ISLAMORADA, FL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23
City & State

28
ISLAMORADA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24
Zip

Country

29
Zip

Country

33036 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LANE, WILLIAM R JR.
400 NORTH ASHLEY DRIVE
SUITE 2300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **MARABETH L. CAUSEY**
82 Street Address (P.O. Box Number is Not Acceptable)
82778 OVERSEAS HIGHWAY
83
84 City **ISLAMORADA** **FL** **85** Zip Code **33036**

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 *Marabeth L. Causey* **MARABETH L. CAUSEY**

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANE, JR., WILLIAM R ESQ.	
STREET ADDRESS	400 N ASHLEY DRIVE, SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUSEY, CHARLES W III	
STREET ADDRESS	82778 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUSEY, MARABETH L	
STREET ADDRESS	82778 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUSEY, FRANCES W	
STREET ADDRESS	2034 GABLES WAY	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARABETH L. CAUSEY
1.3 STREET ADDRESS	82778 OVERSEAS HIGHWAY
1.4 CITY-ST-ZIP	ISLAMORADA, FL 33036
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Charles W. Causey* **CHARLES W. CAUSEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97
Date

308664
9779
Daytime Phone # **00330**

CR2E037 (9/96)