

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 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 # N96000006358 (3)
 1. Corporation Name
THE GALBRAITH FOUNDATION, INC.



Principal Place of Business ONE BEACH DRIVE STE 1802 ST PETERSBURG FL 33701	Mailing Address ONE BEACH DRIVE STE 1802 ST PETERSBURG FL 33701-3926
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1996	3a. Date of Last Report
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number 59-3418869	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FISHER & SAULS PA 100 2ND AVE. SOUTH STE 701 ST PETERSBURG FL 33701				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	City
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, JOHN W.	1.2 NAME	Galbraith, John W.
STREET ADDRESS	ONE BEACH DRIVE STE 1802	1.3 STREET ADDRESS	One Beach Drive, Ste 1802
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, ROSEMARY P.	2.2 NAME	Galbraith, Rosemary P.
STREET ADDRESS	ONE BEACH DRIVE STE 1802	2.3 STREET ADDRESS	One Beach Drive, Ste 1802
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RACHEL L.	3.2 NAME	
STREET ADDRESS	2382 GLEN ECHO FARM	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 2911	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, REBECCA L.	4.2 NAME	
STREET ADDRESS	2561 NOVEMBER HILL FARM	4.3 STREET ADDRESS	
CITY-ST-ZIP	KESWICK VA 22947	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed or on an attachment with an address.

SIGNATURE: John W. Galbraith **REQUIRED** Date: 4/22/97

CR2E037 (9/96)