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Feb 27 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 # N96000006405 (2)

1. Corporation Name

A.R. SHARPE FOUNDATION, INC.

Principal Place of Business

20 CELESTIAL WAY, #315
JUNO BEACH FL 33408-2345

Mailing Address

20 CELESTIAL WAY, #315
JUNO BEACH FL 33408-2345



3. Date Incorporated or Qualified
12/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0646496

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARPE, THOMAS L
20 CELESTIAL WAY, #315
JUNO BEACH FL 33408-2345

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SHARPE, THOMAS L
STREET ADDRESS 20 CELESTIAL WAY, #315
CITY-ST-ZIP JUNO BEACH FL 33408-2345

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

TITLE DST
NAME SHARPE, SYLVIA A
STREET ADDRESS 20 CELESTIAL WAY, #315
CITY-ST-ZIP JUNO BEACH FL 33408-2345

2.1 TITLE Heckman, John F. III
2.2 NAME 3 Fenwick Place
2.3 STREET ADDRESS Norwalk, CT 06855
2.4 CITY-ST-ZIP

TITLE D
NAME HECKMAN, JOYCE SHARPE
STREET ADDRESS 3 FENCOTE CT.
CITY-ST-ZIP OLD SAYBROOK CT 06475

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)