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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002302 (4)**

1. Corporation Name

THE CECIL G. EGGER PRIVATE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1330 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS FL 33919**

**1330 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS FL 33919**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0746709

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

NA

10. Name and Address of New Registered Agent

**EGGER, JEWELL
1330 MYERLEE COUNTRY CLUB BLVD.
FT. MYERS FL 33919**

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

TITLE	DP	☐ DELETE
NAME	EGGER, JEWELL	
STREET ADDRESS	1330 MYERLEE COUNTRY CLUB BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33919	

TITLE	DV	☒ DELETE
NAME	WATSON, MARY L	
STREET ADDRESS	R.R. #2, BOX 77 (N/A)	
CITY-ST-ZIP	ARLINGTON KY 42021	

TITLE	DV	☒ DELETE
NAME	ZINK, DOROTHY O	
STREET ADDRESS	1246 LINDEN	
CITY-ST-ZIP	DEARBORN MI 48124	

TITLE	DST	☐ DELETE
NAME	EGGER, KENNETH L	
STREET ADDRESS	14243 BALMORAL RD.	
CITY-ST-ZIP	RIVERVIEW MI 48192	

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	DV	☐ Change ☒ Addition
1.2 NAME	EGGER, KENNETH L., JR.	
1.3 STREET ADDRESS	611 S. Mission	
1.4 CITY-ST-ZIP	Mt. Pleasant, MI 48858	

2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	EGGER, Kimberly Irene	
2.3 STREET ADDRESS	2111 Monterey Parkway	
2.4 CITY-ST-ZIP	Dunwoody, GA 30350	

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

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

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

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

2/12/98

941/482-1781

CP2E037 (10/97)