

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90017 043 ****69.00

DOCUMENT # N97000005260

1. Corporation Name

OLDE ALLANTON FOUNDATION, INC.

Principal Place of Business

14028 ALLANTON RD
ALLANTON FL 32404
US

Mailing Address

14028 ALLANTON RD
ALLANTON FL 32404
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

59-3480415

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

Frank Monacelli (Frank Monacelli)

(NOTE: Registered Agent signature required when reinstating)

7/10/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MONACHELLI, FRANK
STREET ADDRESS 14028 ALLANTON RD
CITY-ST-ZIP ALLANTON FL 32404

TITLE VP ☐ DELETE

NAME MONACHELLI, PESTA
STREET ADDRESS 14028 ALLANTON ROAD
CITY-ST-ZIP ALLANTON FL 32404

TITLE ST ☐ DELETE

NAME SMITH, STEVE
STREET ADDRESS 101 STONES THROW RD
CITY-ST-ZIP CHAPEL HILL NC 27516

TITLE D ☒ DELETE

NAME FLYNN, DANIEL
STREET ADDRESS 14028 ALLANTON RD
CITY-ST-ZIP ALLANTON FL 32404

TITLE D ☐ DELETE

NAME MONACHELLI, TROYDYN
STREET ADDRESS 2900 GALLEGHER DRIVE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE

NAME MONACHELLI, LOUIS SR
STREET ADDRESS 14028 ALLANTON RD
CITY-ST-ZIP ALLANTON FL 32404

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Frank Monacelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)