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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006583 (5)

1. Corporation Name

DAVID L. MASON FOUNDATION, INC.

Principal Place of Business

Mailing Address

3055 TURTLE BROOKS
CLEARWATER FL 34621

3055 TURTLE BROOKS
CLEARWATER FL 34621

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

59-3479134

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3055 Turtle Brooke

2a 3055 Turtle Brooke

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

22 City & State

27 City & State

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

23 City & State

28 City & State

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

24 Zip

Country

29 Zip

Country

33761

25

33761

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL ET
ATTN: R ALAN HIGBEE
501 E KENNEDY BLVD, SUITE 1700
TAMPA FL 33601

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 D ☐ DELETE

NAME MASON, DAVID L
STREET ADDRESS 3055 TURTLE BROOKS
CITY-ST-ZIP CLEARWATER FL 34621

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3055 Turtle Brooke
1.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE D ☐ DELETE

NAME MASON, JANICE A
STREET ADDRESS 3055 TURTLE BROOKS
CITY-ST-ZIP CLEARWATER FL 34621

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 3055 Turtle Brooke
2.3 STREET ADDRESS Clearwater, FL 33761
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MASON, VESTER L
STREET ADDRESS 2340 N FERNWAY DR
CITY-ST-ZIP MONTGOMERY AL 36111

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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: *David L. Mason*

X 4-21-98 X 813-781-3500

CF2E037 (10/97)