St. . .

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800000942

SHIRLEY I. LONG CHARITABLE FOUNDATION, INC.

Principal Place of Business 801-98444 FLORIDA AVENUE CLEARWATER FL 33756 Mailing Address

POST OFFICE BOX 697 CLEARWATER FL 33757

## FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90109 013 \*\*\*\*61.25



2. Principal Place of Business 2a. Mailing Address			<del></del>		3. Date Incorporated or Qualifed
21		26			02/17/1998
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.		4. FEI Number & C 2 / 2 / Applied For	
27					65-0826368   Not Applicable
City & State City & State					5. Certificate of Status Desired \$8.75 Additional
23 28					Fee Kedurau
ZIp	Country	Zip	Zip Country		6. Election Campaign Financing \$5.00 May Be
24	25 29				Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81. Name					
				1 Name	ERNARD J. LECHNER
CONETTA	CONETTA, TAMI F ESQ				drace (P.O. Box Number is Not Acceptable)
1245 COURT STREET					Les. 2039 BARNOLA AD
SUITE 102				3 0	LEARWATER
	TER FL 33756		la la	4 City	85 Zip Code
					PL   33733
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					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing in special states of 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 applications of Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed opprinted name of registered agent a			ent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE /	VD	☐ DELETE	1.1 11111		
NAME 3	LONG, HARRIS E		1.2 NAM	•	) j
STREET ADDRESS	POST OFFICE BOX 697	-	1.3 STR	ET ADDRESS	[ ū
CITY-ST-ZIP	OLLANWATER LE 30191		1.4 CITY		☐ Change ☐ Addition
TITLE	PSD	☐ DELETE	21 TTL	•	Ticuarge Dixonomi
NAME	LONG, SHIRLEY I		2.2 NAM	! [	
STREET ADDRESS	POST OFFICE BOX 697		2.3 STR	ET ADDRESS	
CITY-ST-ZIP			2.4 CIT		☐ Change ☐ Addition
TITLE	TD DELETE 3.1 TH		3.1 TITU		Change Addition
NAME	LECHNER, BERNARD J 32N		3.2 NAM	•	j
STREET ADDRESS	POST OFFICE BOX 5147		3.3 STR	ET ADDRESS	
_CTY-5T-ZIP				- 31-ZP	
TITLE	OELETE 4.1TI		4.1 TOL		Chenge Addition
NAME			4. 2 NA	E	
STREET ADDRESS			4.3 STR	ETADDRESS	1
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TTU		☐ Change ☐ Addition
NAME			5.2 NAM	·	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE	DELETE 6.17		6.1 TITL	- 1	☐ Change ☐ Addition
NAME			6.2 NAM	·	}
STREET ADDRESS	}		8.3 STR	ET ADDRESS	}
CITY-ST-ZIP			6.4 CITY		
14 Lherebu	certify that the information sympliad with	this filled does not qualify for th	A AYAM	otion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or supplemental entural 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 phyotherytigal empowered.

SIGNATURE

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

2-9-99

727-447-78/0