NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000002095

1. Corporation Name

PFLUG FAMILY CHARITABLE FOUNDATION, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90067 006 ****61.25

Principal Place	e of Business	Mailing Address				•	
3605 RIVIERA DR. 3605 RIVIERA DR. SARASOTA FL 34232 SARASOTA FL 34232							
Principal Place of Business					3. Date Incorporated or Qualifed		
21	26				04/10/1998		1
Suite, Apt.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22	·	27			65-0843525	No	t Applicable
City & State		City & State				\$8.75	Additional
23	28			5. Certifcate of Status Desired	Fee Re	quired	
Zip			Count	ry	6. Election Campaign Financing	\$5.00	May Be
24	25 29 30		30		Trust Fund Contribution	Added t	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent	
			8	1 Name			
DELLIG N	OAN P			2 Street	Address (P.O. Box Number is Not Acceptable)	.	
PFLUG, JOAN B				20000	Audiess (F.O. Dox Mulliper is Not Acceptable)		
3605 RIVIERA DR.			8	3			
SARASOTA FL 34232			L				
] 8	City	. F	85 Zip (Code
11 Durewant	to the provisions of Sections 617 (1502 and 617 1508 Florida Statute	es the abo	ve-named	corporation submits this statement for the nurnose	of changing its	registered
office or r	egistered agent or both in the Sta	ite of Florida. Such change was al	uthorized h	v the com	oration's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 617.0503, Floi	rida Statute	es.			ļ
SIGNATURE			Barrer A		required when reinstating) DATE		
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Jent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE	<u> </u>	P/D		Addition
!			1.2 NAM			٦, ٠	
NAME	PFLUG, JOAN B		4				,
STREET ADDRESS	3605 RIVIERA DR.			ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232	☐ DELETE	1.4 CITY		1//0	☐ Change	Addition
TITLE	D	□ berese	2.1 TITLE		\ <u>/\</u> D	<u>La</u> change	
NAME	PFLUG, CARL W		2.2 NAM				į
STREET ADDRESS	3605 RIVIERA DR.		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		_	-ST-ZIP		57.05	
TITLE	D	☐ DELETE	3.1 TITLE		5/0	Change Change	Addition)
NAME	PFLUG, VICTORIA H		3.2 NAM		5684 ALDEN GARDEN WE	1 /4	
STREET ADDRESS	3605 RIVIERA DR.		3.3 STR	ET ADORESS		٠,	
CITY-ST-ZIP	SARASOTA FL 34232			'-ST-ZIP	SARASOTA, FL 34235		
TITLE		☐ DELETE	4.1 TITLE	•		Change	Addition
NAME			4. 2 NAW	Œ			
STREET ADDRESS			4.3 STRI	EET ADDRESS]
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRI	EET ADDRESS			1
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	E			1
STREET ADDRESS			6.3 STR	ET ADDRESS			1
CITY-ST-ZIP	,		6.4 CITY	-ST-ZIP	ĺ		
Str 1-01-2#					<u> </u>		

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: