FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

STREET ADDRESS

CITY-ST-ZIP

(6)

THE AGL FOUNDATION, INC.

FILED Jan 30 1998 8:00am Secretary of State

Principal Place	e of Rusiness	Mailing Address				
Principal Place of Business		•		,		
MARTINIQUE-2. E. TOWER #1102 4000 N. OCEAN DRIVE		MARTINIQUE-2. E. TOWER #1102 4000 N. OCEAN DRIVE		3. Date Incorporated or Qualified		
SINGER ISLAND FL 33404		SINGER ISLAND FL 33404		05/23/1989 4. FEI Number	Applied For	
					65-0098771	Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address				\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
City & State		City & State		Trust Fund Contribution	Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	igent
			81	Name		
THE PRENTICE HALL CORPORATION SYSTEM, INC.				82 Street Address (P.O. Box Number is Not Acceptable)		
1201 HÄYS STREET			00			
SUITE 10			83			
TALLAHASSEE FL 32301			84	City	FI	85 Zip Code
11 Purposet to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the				named ı		changing its registered
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 sample with, and accept the obligations of Saction 617.0503, Florida Statutes.						
SIGNATURE 1	Signature, typed of printed name of registered ag	ent and title if applicable (NOT	E: Registered Age	nt signature	required when reinstating) DATE	// 3
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PVS	1.5			TD	Change 🙀 Addition
NAME	LUTHER, ADELYN L.		1.2 NAME	1	Richard E. Gordon	
STREET ADDRESS	4000 N OCN DR,E TWR 1102		1.3 STREET		1550 Lakeshore	
CITY-ST-ZIP	SINGER ISLAND FL TO DELETE		1.4 CITY-S	T-ZIP	Whitefish, MT 59937	Change Addition
TITLE	10		2.1 TITLE 2.2 NAME		TD	CT prouge 150 sequent
NAME CONTEX ADDRESS	LUTHER, ADELYN L. 4000 N OCN DR.E TWR 1102		2.3 STREET	ADODESC	Patti E.Pastor	
STREET ADDRESS CITY-ST-ZIP	SINGER ISLAND FL		2. 4 CITY - S		75 Woodsbay Point Rd.	
TITLE	DELETE		3.1 TITLE	,, ,,,	Bigfork,MT 59911	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		□ NELETE	4.4 CITY - S	T-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1000500	M	1/25/
STREET ADDRESS			5.3 STREET		Vhv 1/3	0/9 X
CITY-ST-ZIP		DELETE	5.4 CITY - S 6.1 TITLE	1 - ZIP	——————————————————————————————————————	Change Addition
NAME			6.2 NAME		2000024178	
STREET ADDRESS			6.3 STREET	ADDRESS	-02/02/980100502	78

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 of on an attachment with an address.

***81.25