

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

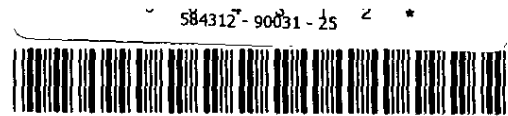
PROFIT CORPORATION
ANNUAL REPORT
1999

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



FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90031 025 ***550.00

DOCUMENT # P95000066640
Corporation Name
POMEROCOUNTY FOUNDATION, INC.



Principal Place of Business
2300 N.W. 16TH ST.
POMEROCOUNTY BEACH FL 33069

Mailing Address
2300 N.W. 16TH ST.
POMEROCOUNTY BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1995

4. FEI Number
65-0604141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Country
25

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
29

9. Name and Address of Current Registered Agent
MESSER, WALTER E
825 N.W. 47TH ST.
POMEROCOUNTY BEACH FL 33064

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

Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
☐ DELETE		1.2 NAME	
☐ DELETE		1.3 STREET ADDRESS	
☐ DELETE		1.4 CITY-ST-ZIP	
☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
☐ DELETE		2.2 NAME	
☐ DELETE		2.3 STREET ADDRESS	
☐ DELETE		2.4 CITY-ST-ZIP	
☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
☐ DELETE		3.2 NAME	
☐ DELETE		3.3 STREET ADDRESS	
☐ DELETE		3.4 CITY-ST-ZIP	
☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
☐ DELETE		4.2 NAME	
☐ DELETE		4.3 STREET ADDRESS	
☐ DELETE		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
☐ DELETE		5.2 NAME	
☐ DELETE		5.3 STREET ADDRESS	
☐ DELETE		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
☐ DELETE		6.2 NAME	
☐ DELETE		6.3 STREET ADDRESS	
☐ DELETE		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter E. Messer 6/30/99 054-972-7453

CR2E034 (5/99)