

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 04, 1996 08:00 AM
Secretary of State

DOCUMENT # **N94000003429 (7)**

1. Corporation Name

THE CALAMUS FOUNDATION, INC.



Principal Place of Business

Mailing Address

**770 SOUTH PALM AVENUE
SARASOTA FL 34236**

**770 SOUTH PALM AVENUE
SARASOTA FL 34236**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0508548

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEAL, GARY W
2070 RINGLING BLVD.
SARASOTA FL 34237**

81 Name **SAUL KAPLAN**
82 Street Address (P.O. Box Number is Not Acceptable)
770 South Palm Ave.
83
84 City **Sarasota** FL 85 Zip Code **34236**

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 617.053, Florida Statutes.

SIGNATURE

Saul Kaplan
Signature, typed or printed name of registered agent, and title if applicable

Saul Kaplan

2/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KAPLAN, SAUL**
STREET ADDRESS **770 SOUTH PALM AVENUE**
CITY-ST-ZIP **SARASOTA FL 34236**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MARCUS, JAMES S**
STREET ADDRESS **720 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10021**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BRADBURY, LOUIS**
STREET ADDRESS **222 RIVERSIDE DRIVE**
CITY-ST-ZIP **NEW YORK NY 10025**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D ROSENBERG, JAMES M**
STREET ADDRESS **40 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10011**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SHEAFE, MICHAEL**
STREET ADDRESS **1427 YORK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10021**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Saul Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (941)954-1200

Daytime Phone

CR2E037 (12/95)