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FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705160**

(0)

1. Corporation Name

MAXCY FOUNDATION INC.

Principal Place of Business

Mailing Address

**33 EAST WALL STREET
P.O. BOX 158
FROSTPROOF FL 33843-2126**

**33 EAST WALL STREET
P.O. BOX 158
FROSTPROOF FL 33843-2126**

3. Date Incorporated or Qualified

03/01/1943

4. FEI Number

59-6137284

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WILSON, PEYTON T
100 PALM AVE
FROSTPROOF FL 33843**

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

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, PATRICIA M	
STREET ADDRESS	100 N PALM AVE	
CITY - ST - ZIP	FROSTPROOF FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILSON, CYNTHIA (ASS'T)	
STREET ADDRESS	MOUNTAIN LAKE ESTATES	
CITY - ST - ZIP	LAKE WALES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, P T	
STREET ADDRESS	100 N PALM AVE	
CITY - ST - ZIP	FROSTPROOF FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUNK, WC	
STREET ADDRESS	222 W WALL ST	
CITY - ST - ZIP	FROSTPROOF FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRADDOCK, HOOD F	
STREET ADDRESS	145 LAKE OTIS RD	
CITY - ST - ZIP	WINTER HAVEN FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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, or on an attachment with an address.

SIGNATURE: *J. Hood* *F. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Date

(941) 655-4804

Daytime Phone # 0055738

CR2E037 (10/97)