FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS (2)DOCUMENT #
1. Corporation Name N38003 MAASAI SPECIAL PROJECTS FUND, INC. Principal Place of Business Mailing Address NKERRY M WILSON WKERRY M WILSON 3. Date Incorporated or Qualified 141 5TH ST NW #300 141 5TH ST NW #300 05/03/1990 WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 4. FEI Number Applied For 65-0216787 Not Applicable 2. Principal Place of Business 2a, Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Country Zip Country Žip 8. This corporation owes or has paid the current year Intangible Yes Personal Properly Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON, KERRY M. 82 Street Address (P.O. Box Number is Not Acceptable) 141 5TH ST. NW #300 83 WINTER HAVEN FL 33881 84 City 85 Zip Code Fĺ Ideas 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 617.0503, Florida Statutes. 11. Pursuant to the provisions office or registered agent, agent, f am tandiar with, a bot President 3-20~98 SIGNATURE lared agent and title if applicab (NOTE: Registered Agent signature required when reinstating) ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE VD 1.1 TITLE Change JEFF BLACK NAME 1.2 NAME 1820 BLUE RIDGE RD STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE GA** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STRANG, SHORTER T S NAME 22 NAME 1329 N. LAKE OTIS DR. SE STREET ADDRESS 23 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FORT. ROBERT 3.2 NAME NAME 415 WILLOW OAK CT. STREET ADDRESS 3.3 STREET ADDRESS Fort Meade Fl. CITY-\$1-ZIP 3.4. CITY-ST-2IP DELETE Change ☐ Addition 4.1 TITLE TITLE **B**ates, Jayne Varn NAME 4. 2 NAME TRASK ROAD STREET ADDRESS 4.3 STREET ADDRESS FORT MEADE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE STRANG, DR. FRED FOY NAME 5.2 NAME STREET ADDRESS **2716 LAUREL DRIVE** 5.3 STREET ADDRESS **VERO BEACH FL** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE STRANG, CECILY DAVID DENDY NAME 6.2 NAME 23319 Greenrush Dr. **2716 LAUREL DRIVE** STREET ADDRESS 6.3 STREET ADDRESS 77494 **VERO BEACH FL** KATY CITY - ST-ZIP 6.4 CITY - ST - ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an improve that to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual rap officer or director of the corporation or the register or treats Block 12 or Block 13 if changed, or on an akagingent with

511-778-2770

2.20.98