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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N38003

1. Corporation Name

MAASAI SPECIAL PROJECTS FUND, INC.

580934 - 90007 - 12

DEPARTMENT OF STATE

Principal Place of Business

%KERRY M WILSON
 141 5TH ST NW #300
 WINTER HAVEN FL 33881

Mailing Address

%KERRY M WILSON
 141 5TH ST NW #300
 WINTER HAVEN FL 33881



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/03/1990

4. FEI Number

65-0216787

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

9. Name and Address of Current Registered Agent

WILSON, KERRY M.
 141 5TH ST. NW #300
 WINTER HAVEN FL 33881

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 DELETE
 NAME **VD JEFF BLACK**
 STREET ADDRESS **1820 BLUE RIDGE RD**
 CITY-ST-ZIP **GAINESVILLE GA**

TITLE DELETE
 NAME **D STRANG, SHORTER T S**
 STREET ADDRESS **1329 N. LAKE OTIS DR. SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE DELETE
 NAME **D FORT, ROBERT**
 STREET ADDRESS **415 WILLOW OAK CT.**
 CITY-ST-ZIP **FORT MEADE FL**

TITLE DELETE
 NAME **D BATES, JAYNE VARN**
 STREET ADDRESS **TRASK ROAD**
 CITY-ST-ZIP **FORT MEADE FL**

TITLE DELETE
 NAME **PD STRANG, DR. FRED FOY**
 STREET ADDRESS **2716 LAUREL DRIVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE DELETE
 NAME **D STRANG, CECILY**
 STREET ADDRESS **2716 LAUREL DRIVE**
 CITY-ST-ZIP **VERO BEACH FL**

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, with all other like empowered.

SIGNATURE:

Fred Foy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)