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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Center (MRRDC) Incorporated



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002876 (1)

1. Corporation Name

MAHOGANY'S FOUNDATION, INCORPORATED

Mahogany Revue Research and Development

Principal Place of Business

Mailing Address

1310 WEST SILVER SPRINGS BLVD.
OCALA FL 34478

P. O. BOX 6778
OCALA FL 34478

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

59-3179345

Applied For

Not Applicable

2. Principal Place of Business

21 920 NW 8th Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Ocala FL

28 City & State

Ocala FL

24 Zip

34475

Country

29 Zip

30

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

FERNANDEZ, FRANCISO
1310 W. SILVER SPRINGS BLVD.
OCALA FL 34475

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 D
LEWIS-KHUFIA, CANDACE N
STREET ADDRESS 1310 W. SILVER SPRINGS
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ DELETE

NAME SD
TAYLOR, IDA
STREET ADDRESS 102 NE 10TH AVE., #A1
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME TD
TAYLOR, MARVA
STREET ADDRESS 102 NE 10TH AVE., #A1
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: Candace Lewis-Khufia

CR2037 (10/97)