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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N96000006375 (7)**

1. Corporation Name
THE EUREKA FOUNDATION, INC.

Principal Place of Business	Mailing Address
807 EDGEFOREST TERRACE SANFORD FL 32771	807 EDGEFOREST TERRACE SANFORD FL 32771

3. Date Incorporated or Qualified: 12/16/1996

4. FEI Number: 59-3414369 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 38 St. Thomas Dr.
22 Suite, Apt. #, etc.
23 City & State: Palm Beach Gardens FL
24 Zip: 33418 25 Country: USA

2a. Mailing Address
26 38 St. Thomas Dr.
27 Suite, Apt. #, etc.
28 City & State: Palm Beach Gardens FL
29 Zip: 33418 30 Country: USA

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

9. Name and Address of Current Registered Agent

SHOQUIST, THOMAS L
807 EDGEFOREST TERRACE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: Shoquist, Thomas L.
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 38 St. Thomas Dr.
84 City: Palm Beach Gardens FL 85 Zip Code: 33418

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: Thomas L. Shoquist, President — Thomas L. Shoquist — 4/14/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SHOQUIST, VICKI L		1.2 NAME		
STREET ADDRESS	807 EDGEFOREST TERRACE		1.3 STREET ADDRESS	38 St. Thomas Dr.	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	DT	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	SHOQUIST, PAUL W		2.2 NAME		
STREET ADDRESS	807 EDGEFOREST TERR		2.3 STREET ADDRESS	38 St. Thomas Dr.	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	DAS	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SHOQUIST, LAURIE A		3.2 NAME		
STREET ADDRESS	807 EDGEFOREST TERR		3.3 STREET ADDRESS	38 St. Thomas Dr.	
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33418	
TITLE	DP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHOQUIST, THOMAS L		4.2 NAME		
STREET ADDRESS	807 EDGEFOREST TERR		4.3 STREET ADDRESS	38 St. Thomas Dr.	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33418	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Thomas L. Shoquist — Thomas L. Shoquist — 4/14/98 — 561-627-3069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #