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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718849** (3)

1. Corporation Name

**JOE REALINO MEMORIAL FUND, INC.**

Principal Place of Business

Mailing Address

**140 N. BREVARD AVE  
COCOA BCH FL 32931  
US**

**P.O. BOX 320364  
COCOA BCH FL 32932-364  
US**

3. Date Incorporated or Qualified

**07/14/1970**

4. FEI Number

**59-3327356**

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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDANIEL, ANITA S. CPA  
101 S. COURTNEY PARKWAY SUITE 102  
PO BOX 541539  
MERRITT ISLAND FL 32954**

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 checked="" type="checkbox"/> DELETE
NAME	KOLSCH, HANK	
STREET ADDRESS	274 S. BREVARD AVE	
CITY-ST-ZIP	COCOA BCH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANCIS, BERT	
STREET ADDRESS	319 JACK DRIVE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASSIE, WANDA LEE	
STREET ADDRESS	400 CATALINA DRIVE	
CITY-ST-ZIP	COCOA BCH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TIBBETTS, HERBERT	
STREET ADDRESS	1361 NELSON CT	
CITY-ST-ZIP	ROCKLEDGE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUDERS, JOHNATHAN	
STREET ADDRESS	140 N. BREVARD AVE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILFRET, MARY	
STREET ADDRESS	52 COLONIAL DR	
CITY-ST-ZIP	COCOA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIGAFOOS, DAVID	
1.3 STREET ADDRESS	771 HIBISCUS DRIVE	
1.4 CITY-ST-ZIP	SATELLITE BEACH FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Herbert E. Tibbetts**

1/26/98

(407) 636-1115

CR2E037 (10/97)