


FILE NOW: FILING FEE IS \$61.25

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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90077 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718849					
1. Corporation Name JOE REALINO MEMORIAL FUND, INC.					
Principal Place of Business 140 N. BREVARD AVE COCOA BCH FL 32931 US			Mailing Address P.O. BOX 320364 COCOA BCH FL 32932-364 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1970	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3327356	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIGAFOOS, DAVID			1.2 NAME			
STREET ADDRESS	771 HIBISCUS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCIS, BERT			2.2 NAME			
STREET ADDRESS	319 JACK DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSIE, WANDA LEE			3.2 NAME			
STREET ADDRESS	400 CATALINA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BCH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIBBETTS, HERBERT			4.2 NAME			
STREET ADDRESS	1361 NELSON CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLOUDERS, JOHNATHAN			5.2 NAME			
STREET ADDRESS	140 N. BREVARD AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILFRET, MARY			6.2 NAME			
STREET ADDRESS	52 COLONIAL DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BCH FL			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: 2. E. C. TIBBETTS (HERBERT) 1-21-99 (407) 636-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013916

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