FILE NOW: FILING FEE IS \$61.25							EU ED .	
NONPROFIT CORPORATION			FLORIDA DEPARTM			Mortham		FILED Feb 04 1998 8:00am
ANNUAL REPORT			7	Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 760502				(5)				– Secretary of State
HOLMES FOUNDATION, INC.								
Principal Place of Business Mailing Address							L ANKIE TANER ALILI AKEN DELLA TANEL KATA AKEN DELLA TANEL ALAKEN DELLA	
1 HUNTING LODGE CT. 1 HUNTING LODGE CT. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 3310 US US								3. Date Incorporated or Qualified           10/20/1981           4. FEI Number
Principal Place of Business     2a. Mailing Address							5. Certificate of Status Desired 5. Additional	
21 21								Fee Required
Suite, Apt #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing     5.00 May Be     Trust Fund Contribution     Added to Fees
City & State 28				City & State				7. Is this nonprofit corporation a homeowners association?
Zip 24	Zip Country Zip					untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, ☐ Yes 🔀 No
		ddress of Current F		d Agent	30			10. Name and Address of New Registered Agent
HOLMES, ROBERT JR. 81 Name 82 Street Addres								
1 HUNTING LODGE CT.     82     Street Address							dress (P.O. Box Number is Not Acceptable)	
MIAMI SI	PRINGS FL 33166	;				83		
						84	City	FL <sup>85</sup> Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1509, 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.</li> <li>SIGNATURE</li> </ol>								
12.	Signature, typed or printed	name of registered agent a OFFICERS AND E			TE: Registore	id Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TAD				1,3 T	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS				12N			DDRESS	037
CITY-ST-ZIP						ITY-ST		3 E
TITLE NAME	tpd Holmes, Rob	ERT IR		DELETE	2.1 TI 2.2 N			Change Addition O
STREET ADDRESS 1 HUNTING LODGE CT							DDRESS	
CITY - ST - ZIP TITLE	<u>MIAMI SPRING</u> TTD		2.4			-ZIP		
NAME	HOLMES, THOMAS E				3.2 NAMI			
STREET ADORESS CITY - ST - ZIP					3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE	D			DELETE	4.1 TI		- <u>4</u> n	Change Addition
NAME STREET ADDRESS						4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP ILOILO, PHILIPPINES					4.4 Ci	4.4 CITY-ST-ZIP		
TITLE NAME					-	5.1 TITLE 5.2 NAME		Change 🔄 Addition
STREET ADDRESS							DDRESS	
CITY-ST-ZIP TITLE	<u></u>			DELETE	5.4 Ci 6.1 Ti	TY - ST- TLE	ZIP	
NAME					6.2 N/			
STREET ADDRESS CITY - ST - ZIP					64 CI	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I hereby c indicated	ertify that the inform on this annual repo	ation supplied with t or supplemental at	his filing anual rep	does not qualify ort is true and ac	for the exe curate and	emption d that	on stated in my signati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath: that I am an
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 subplemental 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 contrasting 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, of on an affactment with an address.								
SIGNATURE: _ ILLRE KEBER GEROLUES JR. 1/10/88 (305) 887-6327								

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