

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 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 # **764747** (2)  
1. Corporation Name  
**RUTH AND AUGUST GEIGER CHARITY FOUNDATION, INC.**



Principal Place of Business <b>C/O ROBERT R SCHNEIDER 9600 COLLINS AVE BAL HARBOUR FL 33154</b>	Mailing Address <b>C/O ROBERT R SCHNEIDER 9600 COLLINS AVE BAL HARBOUR FL 33154</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>08/30/1982</b>	4. FEI Number <b>59-6159106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>SCHNEIDER, ROBERT R 9600 COLLINS AVE BAL HARBOUR FL 33154</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>MEAD, D. RICHARD, JR.</b>
STREET ADDRESS	<b>10255 SW 55TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>STANTON, FRED R</b>
STREET ADDRESS	<b>7490 SW 167TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, ROBERT R</b>
STREET ADDRESS	<b>9030 SW 62ND TERR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BATTLE, BEN JR</b>
STREET ADDRESS	<b>7850 NW 146TH STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Michael Battle</b>
5.3 STREET ADDRESS	<b>7850 NW 146th Street</b>
5.4 CITY-ST-ZIP	<b>Miami Lakes, FL 33016</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Mary Catherine Hamill</b>
6.3 STREET ADDRESS	<b>6901 Grenada Blvd</b>
6.4 CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>

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: Robert R. Schneider 1-5-98 305-674-5353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (10/97)