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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764747

1. Corporation Name

RUTH AND AUGUST GEIGER CHARITY FOUNDATION, INC.

Principal Place of Business

C/O ROBERT R SCHNEIDER
9600 COLLINS AVE
BAL HARBOUR FL 33154

Mailing Address

C/O ROBERT R SCHNEIDER
9600 COLLINS AVE
BAL HARBOUR FL 33154



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6159106

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ROBERT R
9600 COLLINS AVE
BAL HARBOUR FL 33154

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME MEAD, D. RICHARD, JR.
STREET ADDRESS 10255 SW 55TH AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME STANTON, FRED R
STREET ADDRESS 7490 SW 167TH ST.
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME SCHNEIDER, ROBERT R
STREET ADDRESS 9030 SW 62ND TERR
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BATTLE, BEN JR
STREET ADDRESS 7850 NW 146TH STREET
CITY-ST-ZIP MIAMI LAKES FL 33016

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BATTLE, MICHAEL
STREET ADDRESS 7850 NW 146TH ST
CITY-ST-ZIP MIAMI LAKES FL 33016

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME HAMIL, MARY CATHERINE
STREET ADDRESS 6901 GRENADA BLVD
CITY-ST-ZIP CORAL GABLES FL 33146

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Robert R. Schneider* 1-6-99 305-868-2624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)