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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765663

1. Corporation Name

J.C. CAIN, II MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

TUCKER, MICHAEL
WINTER HAVEN HIGH 600 6TH ST SE
WINTER HAVEN FL 33880
US

Mailing Address

TUCKER, MICHAEL
WINTER HAVEN HIGH 600 6TH ST SE
WINTER HAVEN FL 33880
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/04/1982

4. FEI Number

59-2914440

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

9. Name and Address of Current Registered Agent

TUCKER, MICHAEL
3429 ROX RIDGE ST SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME STD
TUCKER, MICHAEL
STREET ADDRESS 3429 ROX RIDGE ST SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME PD
CAIN, J C 1-813-864-6356
STREET ADDRESS 1670 10 ST SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME D
FARRIS, BILL W 299-2153 WK.
STREET ADDRESS 1125 CYPRESS PT DRIVE W 324-4240
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME D
EDDY, ROBERT E
STREET ADDRESS 153 LAKE MARIAM ROAD
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME D
FARINELLA, PHILIP DON E. WOODS
STREET ADDRESS 149 LAMERAUX RD
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME D
POBJECKY, ROBERT LAKE REGION
STREET ADDRESS 104 MIRROR LANE
CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: *Michael Tucker* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

941-291-5380

Daytime Phone #

CR2E037 (11/98)