

FILE NOW: FILING FEE IS \$61.25

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Mar 25 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 # **F93000002431 (5)**

1. Corporation Name

**D.A.C. MEMORIAL FOUNDATION INC.**

Principal Place of Business

Mailing Address

P.O. BOX 232398  
LEUDACIA CA 92023-2398

P.O. BOX 232398  
LEUDACIA CA 92023-2398

3. Date Incorporated or Qualified

**05/24/1993**

4. FEI Number

**33-0299285**

Applied For

Not Applicable

2. Principal Place of Business

**21 28779 WILD COFFEE COURT**

2a. Mailing Address

**26 28779 WILD COFFEE COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 BONITA SPRINGS, FL**

City & State

**28 BONITA SPRINGS, FL**

Zip

**24 34135**

Country

**25 USA**

Zip

**29 34135**

Country

**30 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No ☐ N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHAEFFER, NEIL</b>
STREET ADDRESS	<b>5783 KUGLER RD</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHAEFFER, NEIL</b>
STREET ADDRESS	<b>5783 KUGLER MILL ROAD</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LAMB, RANDY</b>
STREET ADDRESS	<b>5201 GREAT AMERICA PRKWY, STE 120</b>
CITY-ST-ZIP	<b>SANTA CLARA CA</b>
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CARNOW, LANCE</b>
STREET ADDRESS	<b>2311 MARCA</b>
CITY-ST-ZIP	<b>CARLSBAD CA</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>STALK, ARNOLD</b>
STREET ADDRESS	<b>2104 JADELEAF COURT</b>
CITY-ST-ZIP	<b>LAS VEGAS NV</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FINE, FRANCES-ANN</b>
STREET ADDRESS	<b>FA. DIV. E. 3RD FL. 601 NO PECOD ROAD</b>
CITY-ST-ZIP	<b>LAS VEGAS NV</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	<b>SCHAEFFER, NEIL</b>
2.4 CITY-ST-ZIP	<b>28779 WILD COFFEE COURT BONITA SPRINGS, FL 34135</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VTD</b>
5.3 STREET ADDRESS	<b>STALK, ARNOLD</b>
5.4 CITY-ST-ZIP	<b>3111 S. VALLEY VIEW BLVD #B-210 LAS VEGAS, NV 89102</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **NEIL SCHAEFFER, PRESIDENT** 1-22-98 941-947-3441

CR2E037 (10/97)