

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16 1998 8:00am  
Secretary of State

DOCUMENT # N03218

(7)

1. Corporation Name

HAYWOOD FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O OLIVER G. HAYWOOD  
5585 LAS BRISAS DRIVE  
VERO BCH FL 32967  
US

C/O OLIVER G. HAYWOOD  
5585 LAS BRISAS DRIVE  
VERO BEACH FL 32967  
US

3. Date Incorporated or Qualified

05/22/1984

4. FEI Number

23-7028521

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYWOOD, OLIVER G.  
5585 LAS BRISAS DRIVE  
VERO BEACH FL 32967

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 DPT  
NAME HAYWOOD, OLIVER G.  
STREET ADDRESS 5585 LAS BRISAS DRIVE  
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE DV  
NAME HAYWOOD, ROBERT C  
STREET ADDRESS 31251 EAGLE CREST LANE  
CITY-ST-ZIP EVERGREEN CO

DELETE

TITLE DS  
NAME HAYWOOD, BARBARA A.  
STREET ADDRESS 5585 LAS BRISAS DRIVE  
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE D  
NAME HAYWOOD, MARIALYS G  
STREET ADDRESS 31251 EAGLE CREST LANE  
CITY-ST-ZIP EVERGREEN CO

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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.

SIGNATURE:

*Oliver G. Haywood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-563-2997

4/9/98

CR2E037 (10/97)