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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04574** (2)

1. Corporation Name

HONEYWORD FOUNDATION, INC.

Principal Place of Business

**3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918
US**

Mailing Address

**P.O. BOX 25189
COLORADO SPRINGS CO 80936-5189
US**



3. Date Incorporated or Qualified
08/06/1984

3a. Date of Last Report
03/28/1996

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

4. FEI Number

59-2447387

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, EMMETT
2204 EXMOOR ROAD
TAMPA FL 33629**

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 **VST** ☐ DELETE
NAME **COOPER, LEA M.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **D** ☐ DELETE
NAME **COOPER, LEA M.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **CPD** ☐ DELETE
NAME **COOPER, EMMETT A.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **CEO** ☐ DELETE
NAME **COOPER, EMMETT A.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **D** ☐ DELETE
NAME **ANDERSON, JIM**
STREET ADDRESS **P.O. BOX 1905 N/A**
CITY-ST-ZIP **WOODLAND PARK CO**

TITLE **D** ☐ DELETE
NAME **EMINETH, GARY**
STREET ADDRESS **16685 ROLLER COASTER ROAD**
CITY-ST-ZIP **COLORADO SPRINGS CO**

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 **14526 West 68th Place**
5.4 CITY-ST-ZIP **ARVADA, CO 80004**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **445 Kings Deer Point East**
6.4 CITY-ST-ZIP **Monument, CO 80132-8773**

14. I do 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, changed, or in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

719-599-9221

Daytime Phone # 0070615

CR2E037 (9/96)