## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUI	MENT # NO457	<b>74</b> (2)				
HONEYWORD FOUNDATION, INC.						
Principal Place of Business Mailing Address		Mailing Address		L IGANIAN BIN COLIN CLOST SININ INDIN SUCH CIRCLE CIRCLE	I MINES BINGS NINDS NINDS SONS	
		P.O. BOX 25189	2000 5450	3. Date Incorporated or Qualified	······································	
COLORADO SPRINGS CO 80918		COLORADO SPRINGS CO 80936-5189 US		08/06/1984		
				4. FEI Number 59-2447387	Applied For Not Applicable	
2. Principal Place of Business 2a. Mailing Address		·····	gurent.	\$8.75 Additional		
21 26			·	5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State	<del></del>	7. Is this nonprofit corporation a homeowners	***	
		28			(No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent year Intangible Yes No N/A	
24     25     29     30			101	Personal Property Tax due June 30.  10. Name and Address of New Registered A		
81 Name						
COOPER, EMMETT 2204 EXMOOR ROAD			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			83			
TAMPA FL 33629						
			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.						
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 algnature required when reinstating)  DATE						
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	VST	☐ DELETE	1.1 TITLE		Change Addition	
NAME STREET ADDRESS	COOPER, LEA M. 3921 TOPSAIL DRIVE		1.2 NAME 1.3 STREET ADDRESS	Harper, James 2581 Orchard Knob Drive		
CITY-ST-ZIP	COLORADO SPRINGS CO			ATLANTA GA 30339		
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	COOPER, LEA M.		2.2 NAME			
STREET ADDRESS	3921 TOPSAIL DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZWP	COLORADO SPRINGS CO	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	COOPER, EMMETT A.		3.2 NAME	·		
STREET ADDRESS	3921 TOPSAIL DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZWP	COLORADO SPRINGS CO		3.4. CITY-ST-ZIP			
TITLE	CEO	☐ DELETE	4.1 TITLE		Change L Addition	
STREET ADDRESS	COOPER, EMMETT A. 3921 TOPSAIL DRIVE		4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP	COLORADO SPRINGS CO		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE	0	Change Addition	
NAME	ANDERSON, JIM		5.2 NAME	Anderson, vim		
STREET ADDRESS	14526 WEST 68TH PLACE		5.3 STREET ADDRESS	Anderson, Tim 1815 Craig Road Aurora, NE 68803		
CFTY-ST-ZIP TITLE	ARUADA CO	DELETE	6.1 TITLE	POTOTA INE GEOS	Change	
NAME	EMINETH, GARY		6.2 NAME	Emineth, Garn		
STREET ADDRESS	445 KINGS DEER POINT EA	ST	6.3 STREET ADDRESS	8142 East Gray Road.		
CITY-ST-ZIP	MONUMENT CO	John ald In Street Transaction of the Street	6.4 CITY-ST-ZIP	Scotts da le Az 85260	416 . Ab at Ab a ladaman Alic	

uality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

**FILED** 

May 05 1998 8:00am

Secretary of State